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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance witl	n the instructions to the Form 55	00-SF.		
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	011	
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	a one-particip	oant plan
В	This return/report is: the first return/report	the final r	eturn/report			
	an amended return/report	a short pla	in year return/report (less than 12	months)		
C	Check box if filing under: Form 5558	automatic	extension	Г	DFVC progra	m
	special extension (enter description			L		
D	urt II Basic Plan Information—enter all requested information	,				
	Name of plan	alion		1h	Three-digit	
	SIDE ORTHOTICS & PROSTHETICS, INC. 401(K) PLAN				plan number	
					(PN) •	002
				1c	Effective date o	f plan
					07/15	
	Plan sponsor's name and address; include room or suite number (er ISIDE ORTHOTICS & PROSTHETICS, INC.	mployer, if	for a single-employer plan)			fication Number 91554
	ione of the field of the fire of the field o				(=114)	
				2C .	Sponsor's telep	
889 F SUIT	HARRISON AVENUE 889 HARRIS E 2A SUITE 2A	ON AVEN	UE	2d		see instructions)
RIVE	RHEAD, NY 11901 RIVERHEAD), NY 1190	1		62139	,
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	")	3b /	Administrator's I	ΞΙΝ
EAS1	SIDE ORTHOTICS & PROSTHETICS, INC. 889 HARRISO	ON AVENU	JĖ		_	91554
	SUITE 2A RIVERHEAD,	NY 1190		3c /	Administrator's t	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	act return/	report filed for this plan, enter the	4b		-0133
•	name, EIN, and the plan number from the last return/report.	astrotam	oport mod for this plant, office the	75	LIIN	
а	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			<u>5а</u>		
b	Total number of participants at the end of the plan year			5b		!
С	Number of participants with account balances as of the end of the participants with account balances as of the end of the participants.			5c		10
Go.	complete this item)					X Yes ☐ No
oa 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		` '			N Tes □ NO
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.		
Pa	rt III Financial Information	1				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	. 7a	1723010			1830891
b	Total plan liabilities	7b	0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	1723010			1830891
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:	0=(4)	3699			
	(1) Employers	8a(1)	80058			
	(2) Participants	8a(2)	0			
L	(3) Others (including rollovers)	` '				
b	Other income (loss)	. 8b	24124			107881
C C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				107001
d	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			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				107881
j	Transfers to (from) the plan (see instructions)	8j	0			

Form	5500.	SF.	201

Page 2 -	1
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		••	
Part IV	Plan	Characte	ristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 3D
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Dant	V	Compliance Overtions									
Part		Compliance Questions		V							
10		ng the plan year:		Yes	No	+	Α	lmo	unt		
a		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X						
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			.,	+					
		ne 10a.)	10b		X						
С	Wa	s the plan covered by a fidelity bond?	10c	X						400	000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud				+					
u		shonesty?	10d		X						
е	Wer	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,									
		rance service or other organization that provides some or all of the benefits under the plan? (See	40-		X						
		uctions.)	10e		X	+-					
Ť						┷					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)									295	518
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR			X						
		0.101-3.)	10h								
İ		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i								
2			101								
Part		Pension Funding Compliance		0.1							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com							Yes	X	No
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							Yes	X	No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions,	and e	enter t	the dat	te of the	e let	er ruli	ng	
	-	ting the waiver Mon			Day	/	`	ear/			-
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		г							
b	Ente	r the minimum required contribution for this plan year			12b	4					
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left			12d						
_	·	titive amount)		_		+	,	1		1	/ ^
		the minimum funding amount reported on line 12d be met by the funding deadline?				Y	es	N	0	IN.	/A
Part	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted in any plan year?	····· <u>···</u>			Yes	X No				
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year	1	3a							
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co	ontrol				.,		
		e PBGC?	······					Ш	Yes	X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)						
1		Name of plan(s):		13	c(2) E	EIN(s)		1	3c(3)	PN(s)
	` '		1		` , -	\-/		1	χ-7		
Cauti	ion: /	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estal	olished	d.				
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu									9
SB or	Sche	edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/	report	t, and	to the	best o	of my kr	now	edge	and	

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	03/21/2012	CHRISTOPHER NARWOLD
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01	/2011	and ending	2/31/	2011	
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan
В	This return/report is: the first return/report	the final r	eturn/report			
	an amended return/report	a short pla	an year return/report (less than 12 m	onths)	
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m
_	special extension (enter desc	Ц				
Ps	art II Basic Plan Information—enter all requested in				·	
	Name of plan	·		1b	Three-digit	
	TSIDE ORTHOTICS & PROSTHETICS, INC. 401(K) PLAN				plan number	
					(PN))	002
				1c	Effective date of	•
-22	Plan sponsor's name and address; include room or suite numb	or /ompleyer it	for a single employer plan)	2h	07/15/	
	Trian sponsor's name and address, include room of suite numb TSIDE ORTHOTICS & PROSTHETICS, INC.	er (employer, ii	for a single-employer plan)	20	Employer Identif	
				20	Sponsor's telep	· · · · · · · · · · · · · · · · · · ·
34 C	OMMERCE DRIVE 34 COM			631-727		
SUIT	FE 200 SUITE 2			2d	Business code (see instructions)
RIVE	ERHEAD, NY 11901 RIVERH	IEAD, NY 1190	11		62139	9
	Plan administrator's name and address (if same as plan spons			3b	Administrator's I	
EASI	TSIDE ORTHOTICS & PROSTHETICS, INC. 34 COMI SUITE 20	MERCE DRIVE 00	:	30		91554
	RIVERHI	EAD, NY 1190 ⁻	1	36	631-727	elephone number '-8735
4	If the name and/or EIN of the plan sponsor has changed since	the last return/	report filed for this plan, enter the	4b	EIN	
_	name, EIN, and the plan number from the last return/report.			4-		
	Sponsor's name	T.W.			PN	
_	Total number of participants at the beginning of the plan year			5a		8
	Total number of participants at the end of the plan year			5b		. 9
С	Number of participants with account balances as of the end of complete this item)		•	5c		10
6a						X Yes No
	Are you claiming a waiver of the annual examination and report	•	•		••••••	D D
	under 29 CFR 2520.104-46? (See instructions on waiver eligib	ility and condit	ions.)			X Yes No
- D-	If you answered "No" to either 6a or 6b, the plan cannot us	se Form 5500-	SF and must instead use Form 55	00.		
_	art III Financial Information	4.49	<u> </u>			
7	Plan Assets and Liabilities		(a) Beginning of Year 1723010		(b) End	of Year 1830891
-	Total plan assets	7a		-		0
b	F		1723010			1830891
		7с				
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) T	otal
а	(1) Employers	8a(1)	3699			
	(2) Participants		80058			
	(3) Others (including rollovers)		0			
b			24124			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				107881
d	Benefits paid (including direct rollovers and insurance premium					
	to provide benefits)	8d	0			
е			0	_		
f	Administrative service providers (salaries, fees, commissions).	<u> </u>	0	-		
g	Other expenses		0 1			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					0
Ĭ	Net income (loss) (subtract line 8h from line 8c)			0.11		107881
J	Transfers to (from) the plan (see instructions)	g;	0			

Form 5500-SF 2011

SIGN HERE

Signature of employer/plan sponsor

Page	2	_	1	

Par	t IV Plan Characteristics						17000	
200 100 1	If the plan provides pension benefits, enter the applicable pension feature.	ire codes from the List of Plan Cl	aracteri	stic Co	des in	the instruc	ctions:	
	2A 2E 2J 3D							
b	If the plan provides welfare benefits, enter the applicable welfare featur	e codes from the List of Plan Ch	racteris	tic Cod	les in t	he instruct	ions:	
Parl	V Compliance Questions							
10	During the plan year:			Yes	No		Amoun	t_
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	y Correction Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)		d 10b		х			
С	Was the plan covered by a fidelity bond?		10c	Х	-			40000
d	Did the plan have a loss, whether or not reimbursed by the plan's fideli or dishonesty?		10d		Х		,	
е	Were any fees or commissions paid to any brokers, agents, or other perinsurance service or other organization that provides some or all of the instructions.)	benefits under the plan? (See	10e		x			
, f	Has the plan failed to provide any benefit when due under the plan?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of y	year end.)	10g	Х				29518
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)		10h		х			
i	If 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3		10i					
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements' 5500))						Ye	s X No
12	Is this a defined contribution plan subject to the minimum funding requ	irements of section 412 of the Co	de or se	ection 3	302 of	ERISA?	Y6	s X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable. If a waiver of the minimum funding standard for a prior year is being an	nortized in this plan year, see ins						
lf s	granting the waiveryou completed lines 3, 9, and 10 of Schedule MB				Day		Year	
b	Enter the minimum required contribution for this plan year			Г	12b	<u> </u>		
c	Enter the amount contributed by the employer to the plan for this plan y				12c		•	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minus sign to the I	eft of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the fu	ınding 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	res X N	lo	
	If "Yes," enter the amount of any plan assets that reverted to the emplo	yer this year		3a				
b								
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis plan to another plan(s), identif	the pla	n(s) to				
1	3c(1) Name of plan(s):			130	c(2) El	N(s)	130	(3) PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report v	will he accepted unless recoon	able co	ieo ie	oetabl	ishod		
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I der Schedule MB completed and signed by an enrolled actuary, as well as f, it is true, correct, and complete.	eclare that I have examined this	eturn/re	port, in	cluding	g, if applica		
SIGI	NO LA La	3/2/12 00	16LF	15	T	EV		
HER		Date / Enter name of	•		ning as	s plan adm	inisţrator	
SIGI		3/6/12 MA			δ.	FLYN		
		, , , , , , , , , , , , , , , , , , , ,						

Date

Enter name of individual signing as employer or plan sponsor