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).

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| Pension Be | enerit Guaranty Corporation | ▶ Complete all entries in acc | ordance with the instr | uctions to the Form 550 | 0-SF. | |
|-----------------------|--|--|--|-------------------------------|------------------------------------|------------------------------------|
| Part I | | Identification Information | | | | |
| For calenda | ar plan year 2012 or fi | scal plan year beginning 01/01/2 | 012 | and ending 1 | 2/31/2012 | |
| | turn/report is for: turn/report is: | a single-employer plan the first return/report | a multiple-employer the final return/repor | plan (not multiemployer) t | a one-p | articipant plan |
| | | an amended return/report | a short plan year retu | urn/report (less than 12 m | onths) | |
| C Check | box if filing under: | Form 5558 | automatic extension | | DFVC p | orogram |
| | · · · · · · | special extension (enter descrip | | | | |
| Part II | | prmation—enter all requested info | rmation | | Tat | |
| 1a Name EASTSIDE (| | THETICS, INC. 401(K) PLAN | | | 1b Three-digiting plan numb (PN) ▶ | |
| | | | | | 1c Effective d | late of plan 07/15/1999 |
| | ponsor's name and ac ORTHOTICS & PROS | Idress; include room or suite number THETICS, INC. | (employer, if for a single | e-employer plan) | , , | dentification Number 11-2891554 |
| | SON AVENUE | | RISON AVENUE | | | telephone number 31-727-8735 |
| SUITE 2A RIVERHEAD | D, NY 11901 | SUITE 2A RIVERHE | AD, NY 11901 | | | code (see instructions) 621399 |
| 3a Plan a | dministrator's name a | nd address XSame as Plan Sponso | or Name Same as Pla | an Sponsor Address | 3b Administra | |
| | | | | | 3c Administra | tor's telephone number |
| | | | | | | |
| | | | | | | |
| | | e plan sponsor has changed since the mber from the last return/report. | ne last return/report filed | for this plan, enter the | 4b EIN | |
| | or's name | · | | | 4c PN | |
| 5a Total r | number of participants | at the beginning of the plan year | | | 5a | 9 |
| b Total r | number of participants | at the end of the plan year | | | 5b | 10 |
| | | account balances as of the end of th | , , | • | 5c | 11 |
| 6a Were | all of the plan's asset | s during the plan year invested in eli | gible assets? (See instru | uctions.) | | X Yes No |
| b Are yo | ou claiming a waiver o | f the annual examination and report? (See instructions on waiver eligibili | of an independent qualit | fied public accountant (IQ | PA) | |
| | | ither line 6a or line 6b, the plan ca | | | | |
| Caution: A | penalty for the late | or incomplete filing of this return/ | report will be assessed | d unless reasonable cau | ise is establishe | d. |
| SB or Sche | , , , | her penalties set forth in the instructi nd signed by an enrolled actuary, as plete. | • | | , ,, | |
| SIGN | Filed with authorized | /valid electronic signature. | 03/01/2013 | CHRISTOPHER NAR | WOLD | |
| HERE | Signature of plan a | dministrator | Date | Enter name of individ | ual signing as pla | n administrator |
| SIGN | | | | | | |
| HERE | Signature of emplo | | Date | | ual signing as em | ployer or plan sponsor |
| Preparer's | name (including firm r | name, if applicable) and address; inc | lude room or suite numb | eer (optional) | Preparer's telep | hone number (optional) |
| | | | | | | |

Form 5500-SF 2012 Page **2**

| Pa | rt III Financial Information | | | | | | | | | |
|----------|---|-------------|---------------------------------|---------|-----------------|----------|-----------------|----------|-------|------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ar | | | (b) End of | Year | | |
| <u>.</u> | Total plan assets | 7a | 183089 | | (b) End of Year | | | 215363 | RO. | |
| | Total plan liabilities | 7b | 10000 | 0 | | | | | 0 | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 183089 | | | | | 215363 | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) To | | | |
| | Contributions received or receivable from: | | (a) Amount | | | | (6) 10 | aı | | |
| | (1) Employers | 8a(1) | 3050 |)6 | | | | | | |
| | (2) Participants | 8a(2) | 6972 | 26 | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | | | | |
| b | Other income (loss) | 8b | 22250 |)7 | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 32273 | 9 | |
| 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 | |
| ī | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 32273 | 39 | |
| j | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | | | |
| Pa | rt IV Plan Characteristics | <u> </u> | l | | | | | | | |
| 9a | | feature co | odes from the List of Plan Char | acteri | stic Co | odes in | the instruction | ons: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | ature cod | les from the List of Plan Chara | cterist | ic Cod | des in t | he instruction | ns: | | |
| _ | | | | | | | | | | |
| Par | • | | | | | | 1 | | | |
| 10 | During the plan year: | | | 1 | Yes | No | Д | mount | | |
| | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | ciary Cor | rection Program) | 10a | | X | | | | |
| | Were there any nonexempt transactions with any party-in-interest? on line 10a.) | | | 10b | | X | | | | |
| C | Was the plan covered by a fidelity bond? | | | 10c | X | | | | 40 | 0000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's to dishonesty? | - | - | 10d | | Х | | | | |
| е | • Were any fees or commissions paid to any brokers, agents, or other | | | | | | | | | |
| | insurance service or other organization that provides some or all o | of the bene | efits under the plan? (See | | | X | | | | |
| | instructions.) | | | 10e | | . | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | า? | | 10f | | X | | | | |
| 9 | Did the plan have any participant loans? (If "Yes," enter amount as | s of year e | end.) | 10g | X | | | | 25 | 5053 |
| h | , | | | | | X | | | | |
| | 2520.101-3.) | | | 10h | | ^ | | | | |
| i | If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 | | | 10i | | | | | | |
| Par | | • | | 101 | | | | | | |
| 11 | 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form | | | | | | | | | |
| 114 | | | | | | | | | | |
| 12 | | | | | ····· | 11a | EDISAS | Yes | | No |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | or se | ction | 3UZ 0f | EKISA? | L res | ^ | INO |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | | ctions | and. | antar th | e date of the | letter r | ılina | |
| _ a | 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 granting the waiver | | | | | | | | | |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | | | | | | |
| b | Enter the minimum required contribution for this plan year | | | | | 12b | | | | |

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|------|--|------------------|------------|---------------------|
| | 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? | | 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 of the PBGC? | control | | 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) which assets or liabilities were transferred. (See instructions.) | to | | |
| 1 | 3c(1) Name of plan(s): | 1 3c(2) E | IN(s) | 13c(3) PN(s) |
| Part | VIII Trust Information (optional) | | | |
| | Name of trust | 14b ⊤ | rust's EIN | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

Short Form Annual Return/Report of Small Employee

Benefit Plan

the Internal Revenue Code (the Code).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| Part I | Annual Report i | ldentification Inf <u>ormati</u> | ion | | | | | |
|------------------|--|---|-----------------------|------------------------|---------------------------|---------|---|--------------------------|
| For calend | | | 1/01/2012 | | and ending | 12/31/ | 2012 | |
| A This re | turn/report is for: | a single-employer plan | a mu | iltiple-employer pl | an (not multiemployer) | | a one-particip | pant plan |
| B This re | turn/report is: | the first return/report | the fi | nal return/report | | | | |
| | • | an amended return/report | t a sho | rt plan year returr | n/report (less than 12 m | onths |) | |
| C Check | box if filing under: | Form 5558 | autor | matic extension | | | DFVC progra | am |
| | | special extension (enter d | lescription) | | | | | |
| Part II | Basic Plan Infor | rmation—enter all requester | | | | | | |
| 1a Name | | THE CHE CHE CHI TO GOOD OF | d intomitation | | | 1b | Three-digit | |
| | | HETICS, INC. 401(K) PLAN | | | | | plan number | |
| | | | | | | | (PN) • | 002 |
| | | | | | | 1c | Effective date of 07/15 | • |
| 2a Dlan a | managia nama and add | lress; include room or suite nu | ımbar (amala) | or if for a cingle | omployer plan | 25 | | |
| | ORTHOTICS & PROST | | imber (employ | rei, ii ioi a sirigie- | employer plan) | 20 | Employer Identification (EIN) 11-28 | 11cation Number 91554 |
| | | | | | | 2c | Sponsor's telep | hone number |
| 889 HARRI | SON AVENUE | 889 ! | HARRISON A | VENUE | | " | 631-72 | |
| SUITE 2A | | | TE 2A ERHEAD, NY 1 | 11001 | | 2d | Business code (| see instructions) |
| RIVERHEM | D, NY 11901 | | ENTILLAD, 141 | | | | 62139 |)9 |
| 3a Plan a | administrator's name and | d address 🏻 Same as Plan Sp | ponsor Name | Same as Plan | Sponsor Address | 3b | Administrator's I | EIN |
| | | | | | | 30 | Administrator's f | telephone number |
| | | | | | | | Addining Edition 5 | cieptione number |
| | | | | | | İ | | |
| | | | | | | | | |
| | | | | | | | | |
| | | plan sponsor has changed sir | | turn/report filed fo | r this plan, enter the | 4b | EIN | |
| | e, EIN, and the plan num sor's name | ber from the last return/report | ι. | | | 4c | PN | |
| | | at the beginning of the plan ye | ar | | | + | | 9 |
| | * * | at the end of the plan year | | | | 5b | | 10 |
| | | ccount balances as of the end | | | | T | | |
| comp | lete this item) | *************************************** | | ••••• | | 5c | | |
| | • | during the plan year invested | = | | | | | X Yes ∐ No |
| | | the annual examination and re (See instructions on waiver el | | | | | | X Yes ☐ No |
| | | ther line 6a or line 6b, the pla | | | | | | |
| | | r incomplete filing of this re | | | | | · · · · · | |
| | | er penalties set forth in the ins | | | | | | able, a Schedule |
| SB or Scho | edule MB completed and | d signed by an enrolled actual | ry, as well as t | he electronic vers | sion of this return/repor | t, and | to the best of my | knowledge and |
| belief, it is | true, correct, and compl | ete. | | // | | | | |
| SIGN | Ven | 16 | | 2/12/12 | DOV6-LA | 5 | J. EY | |
| HERE | Signature of plan ad | Iministrator | | ate | Enter name of individ | | | ninistrator |
| SIGN | | 7 | | | | | , | |
| HERE | Signature of employ | vor/plan enoncor | | ate | Enter name of individ | ual eid | uning as amploya | r or plan enoneor |
| Preparer's | | ame, if applicable) and address | | | | | | number (optional) |
| p = . 0 | (| | | | • • • • | " | | (|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | 1 | | ļ |

| Pa | rt III Financial Information | | | | | | | | | | |
|--|---|--|---------------------------------|---|-----------------|---------------|-------------|--------|--------|-----|-----|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ar | (b) End of Year | | | ar | | | |
| <u>a</u> | Total plan assets | 7a | 183089 | 91 | | | | 2′ | 53630 |) | |
| <u>b</u> | Total plan liabilities | 7b | | 0 | | | | | (|) | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 183089 | 1 | | | | 21 | 53630 |) | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | | Total | | | |
| а | Contributions received or receivable from: | | | | | | | | | | |
| | (1) Employers | 8a(1) | 3050 | | ┥ | | | | | | |
| | (2) Participants | 8a(2) | 6972 | • | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | <u> </u> | | | | |
| | Other income (loss) | 8b | 22250 |)7 | _ | | | | | | |
| <u>C</u> | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 3 | 22739 | 1 | |
| 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 | | | | | | | (|) | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 3 | 322739 | 9 | |
| j | Transfers to (from) the plan (see instructions) | 8i | | 0 | | | | | | | |
| Pa | rt IV Plan Characteristics | <u>, </u> | | · · | | | | | | | |
| | If the plan provides pension benefits, enter the applicable pension | feature co | des from the List of Plan Char | acteris | stic Co | des in | the instru | ctions | : | | |
| b | 2A 2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Chara- | cterist | ic Coc | les in t | he instruct | ions: | | | |
| | | | | | | | | | | | |
| Par | t V Compliance Questions | | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Amo | unt | | |
| а | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | | | 10a | | х | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | х | | | | | |
| | | | | 40- | Х | | | | | | |
| | | • | | 10c | | | | | | 400 | 000 |
| | or dishonesty? | | | 10d | | Х | | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth | | | | | | | | | | |
| | insurance service or other organization that provides some or all of instructions.) | | | 10e | | Х | | | | | |
| f | | | | 10f | | Х | | | | | |
| | | | | | Х | | | | | | |
| | Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (| | | 10g | ^` | | | | | 250 | 053 |
| • | 2520.101-3.) | - | | 10h | | Х | | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the required notice or one of the | | | | | | | | | | |
| Dar | exceptions to providing the notice applied under 29 CFR 2520.101-3 | | | | | | | | | | |
| 11 | Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form | | | | | | | | | | |
| | 5500) and line 11a below) | | | | | | | | | | |
| | 1a Enter the amount from Schedule SB line 39 | | | | | | | | | | |
| 12 | 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No | | | | | | | | | | |
| | (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 granting the waiver. Month Day Year | | | | | | | | | | |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | | 401 | | | | | |
| b Enter the minimum required contribution for this plan year | | | | | | | | | | | |

| | F | Form 5500-SF 2012 | Page 3 - 1 | | | |
|----------|--------|---|---|---------------|-----------|--------------|
| | | | | | ı | - |
| <u>c</u> | 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 (tive amount) | - | 12d | · | |
| е | Will t | he 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 | a resolution to terminate the plan been adopted in any plan year? | ••••• | \ \ \ \ | ′es X No | |
| | If "Ye | es," enter the amount of any plan assets that reverted to the employer thi | s year | 13a | | |
| b | | e all the plan assets distributed to participants or beneficiaries, transferred e PBGC? | d to another plan, or brought under the | control | | Yes X No |
| С | | ring this plan year, any assets or liabilities were transferred from this plan h assets or liabilities were transferred. (See instructions.) | n to another plan(s), identify the plan(s |) to | | |
| 1 | 3c(1) | Name of plan(s): | | 13c(2) El | N(s) | 13c(3) PN(s) |
| | | | | | | |
| | . 1 | | | | | |
| Part | VIII | Trust Information (optional) | | | | |
| 14a | Name | of trust | | 14b Tr | ust's EIN | |
| | | | | | | |
| | | | | } | | |