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).

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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instr	uctions to the Form 550	0-SF.				
Part I	Annual Report	Identification Information							
For calenda	ar plan year 2012 or f	iscal plan year beginning 01/01	/2012	and ending	12/31/20)12			
	turn/report is for:	a single-employer plan the first return/report	a multiple-employer the final return/repor	plan (not multiemployer) t		a one-particip	ant plan		
	·	an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)				
C Check I	box if filing under:	X Form 5558	automatic extension		ÍΓ	DFVC progra	ım		
• Check	box ii iiiiig under.	special extension (enter desc			L	p. og. a.			
Don't II	Dania Dian Inf								
Part II		ormation—enter all requested in	formation		46	-			
1a Name	of plan I GROUP, INC. 401(k	O DI AN				Three-digit plan number			
EKGOTECH	I GROUP, INC. 401(N	A) PLAIN				(PN) ▶	001		
						Effective date of	f plan		
						02/01/	•		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ERGOTECH GROUP, INC.					2b Employer Identification Number (EIN) 13-4097171				
					2c 3	Sponsor's telep	hone number		
	ESTER PLAZA					914-347	7-3800		
ELMSFORD), NY 10523				2d 1	Business code (33251	see instructions)	1	
3a Plan a	dministrator's name a	ind address XSame as Plan Spons	sor Name Same as Pla	an Sponsor Address	3b /	Administrator's E	ΞIN		
					20				
					3C /	Administrator's t	telephone numbe	∍r	
		ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	EIN			
	, Env. and the plan ht or's name	umber from the last return/report.			4c	PN			
		s at the beginning of the plan year			5a	T		13	
5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year									
					5b	-		13	
		account balances as of the end of		•	5c			8	
·	•	ts during the plan year invested in e			1		X Yes I	No	
_		of the annual examination and repor	-						
•	•	6? (See instructions on waiver eligib			,		X Yes	No	
If you	answered "No" to e	either line 6a or line 6b, the plan o	cannot use Form 5500-S	F and must instead use	Form 5	5500.			
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable cau	use is e	stablished.			
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, an plete.						;	
SIGN	Filed with authorized	I/valid electronic signature.	10/08/2013	DIANE HEBERT					
HERE	Signature of plan	administrator	Date	Enter name of individ	lual sign	ning as plan adn	ninistrator		
SIGN									
HERE	Signature of ompl	oyer/plan sponsor	Date	Enter name of individ	lual cian	ning as amplaya	r or plan spanso	r	
Preparer's		name, if applicable) and address; ir					number (optiona		
,,,,,,,,,		-7 -11 ()		/-1/		•	` '	′	
						999-999	בפבב-		

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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	(a) Beginning 61 166			381704	
	Total plan liabilities	7b		0			0
	Net plan assets (subtract line 7b from line 7a)	7c	34157				381704
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	3106	5			
	(2) Participants	8a(2)	8757	' 4			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	3944	3			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					158082
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10426	6			
е	Certain deemed and/or corrective distributions (see instructions)			0			
f	f Administrative service providers (salaries, fees, commissions)		269	0			
g	g Other expenses		1100	0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					117956
i	Net income (loss) (subtract line 8h from line 8c)	8i					40126
j	Transfers to (from) the plan (see instructions)	8j		0			
Pai	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension for	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:
Par	t V Compliance Questions						
	-				Yes	Na	<u> </u>
10	During the plan year:	iono withi	a tha time paried described in		res	No	Amount
	 Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported) 					X	0
	on line 10a.)	,	•	10b		X	0
С	Was the plan covered by a fidelity bond?			10c	X		20000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		X	0
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o	of the bene	efits under the plan? (See	40	X		
	instructions.)			10e		V	2930
T	Has the plan failed to provide any benefit when due under the plan	າ?		10f		X	0
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X	0
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 2520.101			10i		X	
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)				
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
b	Enter the minimum required contribution for this plan year					12b	0

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			400					
<u> </u>	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	I				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	X	V/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	10		
	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 und of the PBGC?	er the	contro	ol			res X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.)	lan(s)	to					
1	3c(1) Name of plan(s):	1	13c(2)	EIN	(s)	13	c(3) PN	l(s)
Part	VIII Trust Information (optional)							
14a	Name of trust		14b	Trus	st's EIN			

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.

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information 12/31/2012 and ending 1/1/2012 For calendar plan year 2012 or fiscal plan year beginning a one-participant plan a single-employer plan a multiple-employer plan (not multiemployer) A This return/report is for: the first return/report the final return/report This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Form 5558 C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II Three-digit 1a Name of plan plan number 001 Ergotech Group, Inc. 401(k) Plan (PN) > Effective date of plan 2/1/2008 2b Employer Identification Number 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 134097171 (EIN) Ergotech Group, Inc. 2c Sponsor's telephone number 9143473800 2d Business code (see instructions) 8 Westchester Plaza 332510 **Elmsford** NY 10523 3b Administrator's EIN Same as Plan Sponsor Address 3a Plan administrator's name and address Same as Plan Sponsor Name 3c Administrator's telephone number 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. 4c PN a Sponsor's name 13 Total number of participants at the beginning of the plan year 5a 13 b Total number of participants at the end of the plan year 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 8 complete this item).... Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 6a 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. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Enter name of individual signing as plan administrator Date Signature of plan administrator SIGN HERE Enter name of individual signing as employer or plan sponsor Date Signature of employer/plan sponsor Preparer's telephone number (optional) Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part	t III Financial Information								
	Plan Assets and Liabilities		(a) Beginning of Year	r			(b) End of Year		
	Total plan assets	. 7a		1578	3		381704		
	Total plan liabilities	. 7b		C			0		
	Net plan assets (subtract line 7b from line 7a)	. 7c	34	1578	3		381704		
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from:		``						
	(1) Employers	. 8a(1)		1065					
((2) Participants	. 8a(2)	8	7574	1				
((3) Others (including rollovers)	. 8a(3)		C					
b (Other income (loss)	. 8b	3	9443	3		4-000		
c ·	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					158082		
t	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	10	4266					
е (Certain deemed and/or corrective distributions (see instructions)	. 8e			1000				
_ f /	Administrative service providers (salaries, fees, commissions)	. 8f		2690	-				
g	Other expenses	. 8g	1	1000			117956		
_ h '	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			-				
	Net income (loss) (subtract line 8h from line 8c)	. 8i		0			40126		
j '	Transfers to (from) the plan (see instructions)	· 8j		-					
Pari	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature code	es from the List of Plan Chara	acteris	tic Co	des in t	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	feature code:	s from the List of Plan Charac	cteristi	c Cod	es in th	ne instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	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)			10a		1	C		
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					/			
	Was the plan covered by a fidelity bond?			10c	1		20000		
d		s fidelity bond	d, that was caused by fraud	10d		1	C		
е	Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all	her persons	by an insurance carrier,		,		0000		
	instructions.)			10e	✓		2930		
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		✓	(
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year er	nd.)	10g		✓	(
_	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	ctions and 29 CFR	10h		1			
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i					
	one option to profitating the method applied and of the account								
Part	VI Pension Funding Compliance								
Part 11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If "Y	es," see instructions and com	plete	Sche	dule SE	3 (Form Yes ✓ No		
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)					dule SE	3 (Form Yes ✓ No		
11 11a	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)					11a	Tes V No		
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the amount from Schedule SB line 39	g requirême	nts of section 412 of the Code			11a	Tes V No		
11 11a 12	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the amount from Schedule SB line 39 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 be	g requirêmei w, as applica ing amortize	nts of section 412 of the Code ble.) ed in this plan year, see instru	e or se	ection	11a 302 of	ERISA? Yes No		
11 11a 12	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the amount from Schedule SB line 39 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 be granting the waiver.	g requirême v, as applica ing amortize	nts of section 412 of the Code ble.) ed in this plan year, see instru	e or se	ection	11a 302 of	ERISA? Yes No		
11 11a 12 a	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the amount from Schedule SB line 39 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 be	g requirêmei v, as applica ing amortize	nts of section 412 of the Code ble.) In this plan year, see instru	e or se	ection	11a 302 of	ERISA? Yes No		

— e	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	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?	П,	res 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(2) E	IN(s)	13c(3) PN(s)
D 4	VIII Trust Information (optional)			