Form 5500-SF Short Form Annual Re				• •	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe						2009				
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	ct of 1974	e (ERISA), and section 6058(a) of the ode (the Code).	he This Form is Open to Public					
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	h the instructions to the Form 550	0-SF.	Inspection				
		entification Information	)	and anding (	2/31/2	2000				
_	calendar plan year 2009 or fisca	single-employer plan		and ending	2/31/	one-participant plan				
	This return/report is for:	first return/report	final retur							
Ъ		an amended return/report		) year return/report (less than 12 mc	nths)					
C (	Check box if filing under:	Form 5558		extension	nano)	DFVC program				
0		special extension (enter descriptio								
Pa	rt II Basic Plan Inform	<b>nation</b> —enter all requested information								
	Name of plan	·			1b	Three-digit				
ITHA	CA ORTHOPAEDIC GROUP P	C 401(K) PLAN				plan number (PN) ▶ 001				
					1c	Effective date of plan				
						09/01/1996				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 16-1464929				
					2c	Plan sponsor's telephone number				
	RENTWOOD DRIVE CA, NY 14850				2d	607-266-0073 Business code (see instructions)				
		address (if same as Plan sponsor, er		,	3b	621111 Administrator's EIN				
TTHA	CA ORTHOPAEDIC GROUP P	C 10 BRENTWO ITHACA, NY		/E	3c	16-1464929 Administrator's telephone number				
<b>4</b> H	f the name and/or FIN of the pla	n sponsor has changed since the las	t return/re	nort filed for this plan, enter the	4h	607-266-0073 EIN				
		r from the last return/report. Sponso		port med for this plan, enter the						
	<b>-</b>					PN				
		the beginning of the plan year			5a	31				
<ul><li>b Total number of participants at the end of the plan year</li><li>c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not</li></ul>				5b	29					
			. ,	· · · · ·	5c	29				
-	•	uring the plan year invested in eligibl		, ,		X Yes No				
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes No				
	,	er 6a or 6b, the plan cannot use Fo								
Pa	rt III Financial Informa	ation		I	-					
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End of Year				
a L	•		7a	165160	5	2248876				
b C	•	b from line 7a)	7b 7c	165160	2	2248876				
8	Income, Expenses, and Transf		70	(a) Amount	5	(b) Total				
a	Contributions received or recei									
	., .,		8a(1)	14271						
			8a(2)	9934	3					
h			8a(3) 8b	46121						
b C	( <i>'</i>	8a(2), 8a(3), and 8b)	8c	46131	5	703375				
-		ollovers and insurance premiums				100010				
	, ,		8d	10610	5					
e		ive distributions (see instructions)	8e		-					
t ~		s (salaries, fees, commissions)	8f		-					
g h	•	3e, 8f, and 8g)	8g 8h			106105				
i		e 8h from line 8c)				597270				
j		e instructions)								

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

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## Part IV Plan Characteristics

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

During the plan year: 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) 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? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,	10a 10b 10c	Yes	No X X		Amo	unt	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10b 10c	X					
on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,	10c	X	Х				
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Х					
or dishonesty? Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,						1	000000
	10d		Х				
nsurance service or other organization that provides some or all of the benefits under the plan? (See nstructions.)	10e		x				
las the plan failed to provide any benefit when due under the plan?	10f		Х				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					21336
f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х				
f 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Pension Funding Compliance							
s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Π	Yes	× No
If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- ranting the waiver	ctions, th of a	and e	enter th	e date of		ter rul	-
		-		Yes	ΠN	0	N/A
					Π	Yes	X No
		Г	13a				
			ontrol				
						Yes	× No
<b>c(1)</b> Name of plan(s):		13	13c(2) EIN(s)			3c(3)	PN(s)
	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, isurance service or other organization that provides some or all of the benefits under the plan? (See istructions.)	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, isurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)   Image: the service or other organization that provides some or all of the benefits under the plan? (See instructions.)   Image: the service or other organization that provides some or all of the benefits under the plan? (See instructions.)   Image: the service or other organization that provides some or all of the benefits under the plan? (See instructions.)   Image: the service or other organization that provides some or all of the benefits under the plan? (See instructions.)   Image: the service or other organization that provides the near anount as of year end.)   Image: the service or other organization that provides the near anount as of year end.)   Image: the service or other organization that provides the near anount as of year end.)   Image: the service or other organization that provides the near anount as of year end.)   Image: the service or other organization that provides the near anount as of year end.)   Image: the service or other organization that provides the near anount as of year end.)   Image: the service or organization that provides the provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.   Image: the service or orbor orbit or other plan subject to minimum funding requirements? (If "Yes," see instructions and complete the code or see the "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)   Image: the amount funding standard for a prior year is being amortized in this plan year, see instructions, rariting the waiver.   Image: the amount cont	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See instructions.)   International and the plan failed to provide any benefit when due under the plan?   is the plan have any participant loans? (If "Yes," enter amount as of year end.)   it is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.   it is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.   it is a sanswered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3.   it is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched 500).   this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3 fryes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)   a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and eranting the waiver.   u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.   net rute minimum required contribution for this plan year.   ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a egative amount).   III Plan Terminations and Transfers of Assets   as a resolution to terminate the plan been adopted during the plan year or any prior year?   "Yes," enter the amount of any plan assets that reverted to the employer this year.   "Yes," enter the amoun	Image: Construction of the service of other organization that provides some or all of the benefits under the plan? (See structions.)       Image: Construction of the service of other organization that provides some or all of the benefits under the plan? (See structions.)         Its the plan failed to provide any benefit when due under the plan?       Image: Construction of the service of other organization that provides some or all of the benefits under the plan? (See structions.)       Image: Construction of the service of other organization that provides some or all of the benefits under the plan? (See structions.)         Its is the plan have any participant loans? (If "Yes," enter amount as of year end.)       Image: Construction of the service of other organization that provide the required notice or one of the service of the service of the service or one of the minimum funding requirements? (If "Yes," see instructions and complete Schedule SB Storeschedule SB Storeschedule on the service or one of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the ranging waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the minimum required contribution for this pl	Image: Construction of the provide any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)       Image: Construction of the plan have any participant loans? (If "Yes," enter amount as of year end.)       Image: Construction of the plan have any participant loans? (If "Yes," enter amount as of year end.)       Image: Construction of the plan have any participant loans? (If "Yes," enter amount as of year end.)       Image: Construction of the plan have any participant loans? (If "Yes," enter amount as of year end.)       Image: Construction of the plan have any participant loans? (If "Yes," enter amount as of year end.)       Image: Construction of the plan have any participant loans? (If "Yes," enter amount as of year end.)       Image: Construction of the plan have any participant loans? (If "Yes," enter amount as of year end.)       Image: Construction of the plan have any participant loans? (If "Yes," enter amount as of year end.)       Image: Construction of the plan have any participant loans?       Image: Construction of the plan have any participant loans?       Image: Construction of the plan have any participant loans?       Image: Construction have any plan ha	In a short of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the left of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the left of the minimum funding standard for a prior year is being amortized in this plan year.       12b         112       12b         113       12c         114       12c         115       12c         116       12c         117       12c         118       12c         119       12c         110       12c         110       12c         110       10c         112       10c	In a short of the minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

## 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	Filed with authorized/valid electronic signature.	07/29/2010	KHRIS ERCUMS
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			Report of Small Emplo	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		Benef							
Department of Labor Employee Benefits Security Administration	Retirement Income Security	ed under sections 104 and 4065 of the Employee Act of 1974 (ERISA), and section 6058(a) of the Revenue Code (the Code).			20 <b>09</b> This Form is Open to Public				
Pension Benefit Guaranty Corporation			th the instructions to the Form 550	Inspection					
Part I Annual Report Ider	ntification Information			JU-SF.					
For calendar plan year 2009 or fiscal p		01/01/			12/31/2009				
	single-employer plan	5	employer plan (not multiemployer)		🔲 опе-participant plan				
· H	first return/report	-	urn/report						
	an amended return/report	-	an year return/report (less than 12 mc	onths)	-				
	Form 5558	_	ic extension		DFVC program				
	special extension (enter descripti tion—enter all requested inform		· · · · · · · · · · · · · · · · · · ·						
1a Name of plan		nation		16	Three-digit				
ITHACA ORTHOPAEDIC G	ROUP PC				plan number				
401(k) PLAN					(PN) ▶ 001				
				1C Effective date of plan 09/01/1996					
2a Plan sponsor's name and address ITHACA ORTHOPAEDIC GI	(employer, if for single-employer	r plan)		2b	Employer Identification Number				
					<u>(EIN) 16-1464929</u>				
10 BRENTWOOD DRIVE				20	Plan sponsor's telephone number (607) 266-0073				
ITHACA				2d	Business code (see instructions)				
3a Plan administrator's name and add	dress (if same as Plan sponsor, e	enter "Sam	<u>NY 14850</u>	3h	621111 Administrator's EIN				
JANE			- ,						
		; ···		3c	Administrator's telephone number				
4 If the name and/or EIN of the plan s	ponsor has changed since the la	st return/re	eport filed for this plan, enter the	4b	EIN				
name, EIN, and the plan number fro	om the last return/report. Sponso	or's name		4c	PN				
5a Total number of participants at the	beginning of the plan year				31				
				5b	29				
C Total number of participants with a complete this item)	account balances as of the end of	f the plan y	vear (defined benefit plans do not	5c	29				
6a Were all of the plan's assets durin	ig the plan year invested in eligib	le assets?	(See instructions.)						
D Are you claiming a waiver of the a	innual examination and report of	an indepe	ndent qualified public accountant (IO						
lf you answered "No" to either 6	Sa or 6b. the plan cannot use Fo	and condit	SF and must instead use Form 550	 nn	X Yes No ·				
Part III   Financial Informatic	n								
7 Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
a Total plan assets		7a	1,651,60	6	2,248,876				
b Total plan liabilities		7b							
C Net plan assets (subtract line 7b fm 8 Income, Expenses, and Transfers		7c	1,651,60	6	2,248,876				
a Contributions received or receivab			(a) Amount		(b) Total				
(1) Employers		8a(1)	142,71	1					
(2) Participants		8a(2)	99,34	8					
(3) Others (including rollovers)				_					
b Other income (loss) C Total income (add lines 8a(1), 8a(2		8b	461,31	6					
C Total income (add lines 8a(1), 8a(2 d Benefits paid (including direct rollo		8c			703,375				
to provide benefits)		8d	106,10	5					
e Certain deemed and/or corrective of		8e	·	_					
f Administrative service providers (se		8f	· · · · · · · · · · · · · · · · · · ·	_					
			· · · · · · · · · · · · · · · · · · ·	<u> </u>					
h Total expenses (add lines 8d, 8e, 8		8h			106,105				
i Net income (loss) (subtract line 8h j Transfers to (from) the plan (see in		<u>8i</u>			597,270				
		8j							

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

Form 5500-SF (2009) v.092308,1

HERE

Signature of employer/plan sponsor

Page **2-**[

Enter name of individual signing as employer or plan sponsor

Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pensio	n feature codes from	the List of Plan Cha	racteri	stic Co	odes ir	n the inst	truction		
b										
	If the plan provides welfare benefits, enter the applicable welfare	leature codes from	the List of Plan Char	acteris	stic Co	des in	the inst	ructions	3:	,
Par										
10	During the plan year:				No.	<u> </u>				
а		utions within the time	period described in	<b></b>	Yes	No		Am	ount	
Ь		Illeiany Correction Dr	oarom\	10a		x				
, N	Were there any nonexempt transactions with any party-in-interest on line 10a.)	MO /Demokter of the state		10b		x				
С	Was the plan covered by a fidelity bond?			10c			<u> </u> -			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?				X		<u> </u>		1,000	0,000
e	Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	her persons by an in	surance carrier,	10d		X				
f	Has the plan failed to provide any benefit when due under the pla	an?		10e		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a			10f		X				
ĥ	if this is an individual account plan, was there a blackout period?	(Soo instructions	100.050	10g	x				21	,336
	2020.101-0.7			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	he required notice						<u> </u>		
Part V	/I Pension Funding Compliance			10i						
11	s this a defined benefit plan subject to minimum funding requirem	ents? (If "Yes," see i	nstructions and comp	olete S	Schedu	Ile SB	(Form			
									Yes	No
	Is this a defined contribution plan subject to the minimum funding	requirements of sect	tion 412 of the Code	or sec	tion 30	D2 of E	RISA?	. П	Yes	No
	-120, 00, 00, 00, 00, 00, 00, 00, 00, 00,	ahla I								_
(a	f a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ng amortized in this p	lan year, see instruct	ions, a	and en	iter the	e date of	the let	ter rulin	a
lfyd	pranting the waiver.		Monti	יי		Day_		Year		y
-		≥ MB (Form 5500), a	nd skip to line 13							
CE	nter the minimum required contribution for this plan year				. [_1	2b				
d	inter the amount contributed by the employer to the plan for this p	lan year		••••••	. [ 1	2c				
r	egative amount)	the result (enter a mi	nus sign to the left o	fa	1	2d				
	Vill the minimum funding amount reported on line 12d be met by th	ne funding deadline?	·····			Г	Yes		。 <u>「</u>	N/A
art v	II Plan Terminations and Transfers of Assets						<u> </u>			
3a ⊦	as a resolution to terminate the plan been adopted during the plan	n year or any prior ve							V., 17	
<u> </u>	"Yes," enter the amount of any plan assets that reverted to the er	nnlovor this uses				3a			Yes X	No
0	If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?									
• · ·	during this plan year, any assets or liabilities were transferred fro hich assets or liabilities were transferred (See instructions.)	m this plan to anothe	r plan(s), identify the	plan(:	s) to			Ū.	Yes X	No
	(1) Name of plan(s):				40-14					
				-	130(2	2) EIN	(s)	13	3c(3) PN	l(s)
autior	: A penalty for the late or incomplete filing of this return/repo	ort will be assessed	unless reasonable	cause	is es	tablis	hed			
	enalties of perjury and other penalties set forth in the instructions, hedule MB completed and signed by an enrolled actuary, as well is true, conset; and completed	1.4 1						able, a ∜ knowle	Schedu dae and	le I
	1 Al									
SIGN IERE	- Contraction of the second se	7/2/10	ELDRIDGE T.	AND	ERSC	N, 1	FRUSTI	EE		
	Signature of plan administrator	Date	Enter name of indiv		_					
IGN			ELDRIDGE T.						<u></u>	
IERE	Signature of omnlower/size				-11/20	14/ ]	LCOST	<u>تاري</u>		}

Date