Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1988

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

EXCELSIOR ORTHOPAEDICS, LLP

3925 SHERIDAN DRIVE
AMHERST, NY 14226

2b Employer Identification Number (EIN) 16-1608040

2c Sponsor's telephone number 716-250-9999

2d Business code (see instructions) 621111

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 accompanying schedules, statements and attachments, 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	Filed with authorized/valid electronic signature.	10/16/2012	PAUL D. PATERSON M.D.
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
EXCELSIOR ORTHOPAEDICS, LLP

3925 SHERIDAN DRIVE
AMHERST, NY 14226

3b Administrator's EIN
16-1608040

3c Administrator's telephone number
716-250-9999

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	211
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	145
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	75
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	220
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	220
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	189
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	12
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D 2A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EXCELSIOR ORTHOPAEDICS, LLP

D Employer Identification Number (EIN)
16-1608040

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

P & A RETIREMENT PLAN SERVICES, INC

16-1533601

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HAROLD C. BROWN & CO., LLC

ONE HSBC CENTER
STE. 3800
BUFFALO, NY 14203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	6727	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

CAPITAL RESEARCH & MANAGEMENT CO.

95-6847943

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	NONE	1005	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
CHARLES SCHWAB ORLANDO OPERATIONS CENTER PO BOX 628291 ORLANDO, FL 32862	13 15	FAILED TO PROVIDE INFORMATION ON ANY DIRECT OR INDIRECT COMPENSATION RECEIVED IN RELATION TO THIS PLAN.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
SAGE INVESTMENT GROUP 1967 WEHRLE DRIVE WILLIAMSVILLE, NY 14221	27	FAILED TO PROVIDE INFORMATION ON ANY INDIRECT COMPENSATION RECEIVED IN RELATION TO THIS PLAN.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EXCELSIOR ORTHOPAEDICS, LLP

D Employer Identification Number (EIN)
16-1608040

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	447117	471583
(2) Participant contributions	1b(2)	0	23713
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	20073	0
(2) U.S. Government securities	1c(2)	259555	25170
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	1146436	949249
(5) Partnership/joint venture interests	1c(5)	14800	14800
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	47735	73266
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5410746	5891812
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	7346462	7449593
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	7346462	7449593

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	471583	
(B) Participants	2a(1)(B)	389989	
(C) Others (including rollovers)	2a(1)(C)	70914	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		932486
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	813	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	598	
(F) Other	2b(1)(F)	330	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1741
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	29093	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	88055	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		117148
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	**(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-233116
c	Other income	2c		-84045
d	Total income. Add all **income** amounts in column (b) and enter total	2d		734214
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	617439	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		617439
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		0
h	Interest expense	2h		0
i	Administrative expenses: **(1)** Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	1155	
	(3) Investment advisory and management fees	2i(3)	12489	
	(4) Other	2i(4)	0	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		13644
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		631083
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		103131
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: LUMSDEN & MCCORMICK **(2)** EIN: 16-0765486

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EXCELSIOR ORTHOPAEDICS, LLP

D Employer Identification Number (EIN)
16-1608040

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 95-6817943

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 18

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

EXCELSIOR ORTHOPAEDICS, LLP
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
WITH ADDITIONAL INFORMATION

December 31, 2011

Lumsden & McCormick, LLP
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Excelsior Orthopaedics, LLP
401(k) Profit Sharing Plan

We have audited the accompanying statements of net assets available for benefits of Excelsior Orthopaedics, LLP 401(k) Profit Sharing Plan (the Plan) as of December 31, 2011 and 2010 and the related statement of changes in net assets available for benefits for the year ended December 31, 2011. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2011 and 2010, and the changes in net assets available for benefits for the year ended December 31, 2011, in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of year at December 31, 2011 is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Lumsden & McCormick, LLP

October 12, 2012

Statements of Net Assets Available for Benefits

December 31,	2011	2010
Investments at fair value (Note 3):		
Mutual funds	$ 4,699,764	$ 4,789,421
Common stock	949,249	1,146,436
U.S. government securities	25,170	259,555
Limited partnership	14,800	14,800
Cash equivalents	1,192,048	641,398
Total investments	6,881,031	6,851,610
Receivables:		
Employer contributions	471,583	447,117
Participant contributions	23,712	-
Notes receivable from participants	73,266	47,735
	568,561	494,852
Net assets available for benefits	$ 7,449,592	$ 7,346,462

See accompanying notes.

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2011

Additions to net assets attributed to:	
Investment income:	
Net depreciation in fair value of investments (Note 3)	$ (317,161)
Dividend income	117,148
Interest income	1,143
	(198,870)
Interest income on notes receivable from participants	598
Contributions:	
Employer	471,583
Participants (includes rollovers from other qualified plans)	460,903
	932,486
Total additions	734,214
Deductions from net assets attributed to:	
Benefits paid to participants	617,439
Administrative fees	13,644
Total deductions	631,083
Net change	103,131
Net assets available for benefits:	
Beginning	7,346,462
Ending	$ 7,449,593

See accompanying notes.

Notes to Financial Statements

1. Description of Plan:

The following description of Excelsior Orthopaedics, LLP 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan covering employees of Excelsior Orthopaedics, LLP (the Sponsor) who have attained age 21 and have 3 months of service. All newly eligible participants are enrolled into the Plan immediately under the Plan's default investment option unless another permitted percentage or investment option is selected by the participant. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan, provided total additions to the account of participating employees for any plan year shall not exceed the amount permitted by Internal Revenue Service regulations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. The Sponsor may elect to make safe harbor contributions to the Plan. There was a safe harbor contribution of 3% of participants' eligible compensation made in 2011.

The Plan allows discretionary profit-sharing contributions, determined by the Sponsor's members, and allocates them to participants based on eligible compensation and participant classification.

The Plan also allows discretionary matching contributions. Amounts are determined by the Sponsor's members, and the contributions are based on a percentage of participants' elective deferrals. There were no matching contributions in 2011.

Participants direct their contributions and the corresponding employer contributions into various investment options offered by the Plan.

Participant Accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the Sponsor's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are vested immediately in their contributions, the Sponsor's safe harbor contributions, plus actual earnings thereon. Vesting in the Sponsor's profit sharing and matching contribution portion of participant accounts is based on years of continuous service. A participant is 100% vested after 6 years of credited service.

Notes Receivable from Participants:

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits:

Upon termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, annual installments, or annuity options. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeitures:

At December 31, 2011 and 2010, forfeited non-vested accounts totaled $4,875 and $15,391. These amounts are used to reduce future employer contributions. In 2011, employer contributions were reduced by $15,391 from forfeited non-vested accounts.

2. Summary of Significant Accounting Policies:

Basis of Accounting:

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. Fair value of limited partnerships is estimated by management of the Plan based on unobservable inputs. Other investment values are based on quoted prices in active markets.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Unrealized appreciation or depreciation on investments is charged or credited to the net assets of the Plan.

Notes Receivable from Participants:

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon terms of the plan document.

Payment of Benefits:

Benefits are recorded when paid.

Administrative Costs:

Various administrative costs were paid by the Sponsor.

Subsequent Events:

The Plan has evaluated events and transactions for potential recognition or disclosure in the financial statements through October 12, 2012 (the date the financial statements were available to be issued).

3. Investments:

Net appreciation (depreciation) in fair values of investments for the year ended December 31, 2011 is as follows:

Mutual funds	$ (233,116)
Common stock	(84,585)
U.S. government and corporate bonds	540
	$ (317,161)

As of December 31, 2011 and 2010, the following Plan investments represent 5% or more of the Plan's net assets:

	2011	2010
Mutual Funds:		
American Funds Growth Fund of America R3	$ 934,698	$ 874,602
American Funds American Balanced Fund R3	532,361	408,192
American Funds Income Fund of America R3	430,686	N/A
American Funds Capital World Growth Fund R3	410,437	N/A
Cash Equivalents:		
American Funds Sweep Account	436,828	N/A
Federated Capital Reserve	621,439	N/A

Fair Value Measurements:

	December 31, 2011 Based on		
	Quoted Prices in Active Markets	Other Observable Inputs	Unobservable Inputs
Limited partnership	$ -	$ -	$ 14,800
Other investments	6,866,231	-	-
	$ 6,866,231	$ -	$ 14,800

	December 31, 2010 Based on		
	Quoted Prices in Active Markets	Other Observable Inputs	Unobservable Inputs
Limited partnership	$ -	$ -	$ 14,800
Other investments	6,836,810	-	-
	$ 6,836,810	$ -	$ 14,800

4. Plan Termination:

Although it has no intent to do so, the Sponsor has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, Plan participants would become 100% vested in their employer contributions.

5. Tax Status:

The Internal Revenue Service has issued a favorable determination letter on the tax status of the Plan. Accordingly, no provision has been made for income taxes. The Plan believes it is no longer subject to examination by federal and state taxing authorities for years prior to 2008.

6. Risks and Uncertainties:

The Plan provides for participant directed investment options. Investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

EIN: 16-1608040
Plan Number 001
Additional Information
Schedule of Assets Held (at End of Year)
Schedule H, Part IV, Line 4i

December 31, 2011

(a) *	(b) (c) Description	(e) Current Value
Mutual Funds:		
	Aberdeen Asia Pacific Income Fund	$ 14,660
	Alger Small Cap Growth Instl Fund Class I	4,497
*	Artisan International Fund	11,740
*	Artisan Mid Cap Value Fund	6,200
	Aston Montag & Caldwell Growth Fund	12,927
	Blackrock Equity Dividend Fund	51,029
	Blackrock Real Asset Equity	6,349
	Buffalo Science and Technology Fund	11,770
	Calamos Growth and Income Fund A	26,598
	Capital World Bond Fund Class F	21,911
	Davis New York Venture Fund A	25,001
	Dodge & Cox Income Fund	53,073
	Dodge & Cox International Fund	7,020
	Fidelity Advisor New Insights Fund	6,715
*	Franklin Income Fund A	26,921
	Fundamental Investors Fund Class F	9,590
	Growth Fund of America Class F	6,334
	Hancock John Patriot Fund	14,125
	Harbor Capital Appreciation Fund	8,607
	Harding Loevner Emerging Market Portfolio Fund	3,881
	Invesco Aim ATST Premier Portfolio Fund	2,502
	Invesco Developing Markets Fund	3,895
	Ishares TR Barclay Bond Fund	11,669
	Ishares MSCI Emerging Markets Index Fund	6,829
	Ishares MSCI Russell 2000 Index Fund	11,063
	Lazard Emerging Markets Fund	3,521
	Lazard World Dividend & Income Fund	6,353
	Loomis Sayles Bond Fund	8,417

EIN: 16-1608040
Plan Number 001
Additional Information
Schedule of Assets Held (at End of Year)
Schedule H, Part IV, Line 4i

December 31, 2011

(a) *	(b) (c) Description	(e) Current Value
Mutual Funds (Continued):		
	MFS Utilities Fund A	42,336
	Mutual Series Shares Fund Class A	19,061
	New World Fund Class A	8,849
	Nuveen Santa Barbara Dividend Growth Fund	12,143
	Nuveen Tradewinds International Value Fund	5,692
	Oakmark Select Fund I	16,312
	Oppenheimer International Bond Fund Y	9,928
	Pimco All Asset Fund P	14,727
	Pimco Emerging Local Bond Fund	8,164
	Principal FDS - Preferred Securities Fund	6,576
	Prudential Global Real Estate Fund	3,204
	Prudential Jennison Mid-Cap Growth Fund	6,697
	Prudential Short Term Corporate Bond Fund	5,275
	Royce Premier Fund Investment	4,356
	Schwab S&P Index Fund	128,913
	T Rowe Price New Era Fund	7,367
	Templeton Emerging Markets Small-Cap Fund	5,203
	Templeton Global Bond Fund Advisor Class	4,764
	Templeton Growth Fund A	17,545
	Third Avenue Real Estate Value Fund	5,592
	Third Avenue Value Fund	17,194
	Thornburg International Value Fund Class I	8,623
	Vanguard GNMA Fund	25,412
	Vanguard Inflation Protected Securities Fund	25,100
	Wells Fargo Advantage C&B Mid Cap Value Investment Fund	97,063

EIN: 16-1608040
Plan Number 001
Additional Information
Schedule of Assets Held (at End of Year)
Schedule H, Part IV, Line 4i

December 31, 2011

(a) *	(b) (c) Description	(e) Current Value
Mutual Funds (Continued):		
*	American Funds Washington Mutual Fund R3	159,642
*	American Funds AMCAP Fund R3	2,715
*	American Funds American Mutual Fund R3	1,042
*	American Funds Growth Fund of America R3	934,698
*	American Funds Income Fund of America R3	430,686
*	American Funds New Perspective Fund R3	190,796
*	American Funds Bond Fund of America R3	317,550
*	American Funds Fundamental Investors Fund R3	100,161
*	American Funds American Balanced Fund R3	532,361
*	American Funds Capital Income Builder Fund R3	5,306
*	American Funds Europacific Growth Fund R3	239,019
*	American Funds Intermediate Bond Fund of America R3	217,339
*	American Funds Capital World Bond Fund R3	19,865
*	American Funds Capital World Growth Fund R3	410,437
*	American Funds Small Cap World Fund R3	242,005
*	American Funds New World Fund R3	3,467
*	American Funds International Growth & Income Fund R3	3,382
		4,699,764

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

EIN: 16-1608040
Plan Number 001
Additional Information
Schedule of Assets Held (at End of Year)
Schedule H, Part IV, Line 4i

December 31, 2011

(a) *	(b) (c) Description	(e) Current Value
Common Stock:		
	Alcoa Inc	5,129
	American International Group Inc	1,000
	AT&T	16,299
	Avon Products Inc	5,975
	Berkshire Hathaway Co CL B	53,410
	BP Plc	7,736
	Chevron Corporation	42,241
	Cisco Systems Inc	6,075
	Colgate Palmolive	9,239
	Costco WHSL Corp NewCom	8,332
	Danaher Corp	14,112
	Devon Energy Corp.	9,300
	Dominion Resources, Inc.	27,955
	Du Pont EI De Nemours and Co	8,744
	Duke Energy Corp	16,038
	Exxon Mobil Corp	128,072
	Goldcorp Inc New Com	8,850
	Goldman Sachs Group Inc	5,878
	Honeywell International, Inc.	21,740
	Johnson & Johnson	21,248
	M&T Bank Corp	50,003
	M&T Cap TR Enhanced	12,985
	Manitowoc Company Inc	5,505
	McDonalds Corp	15,050
	Medtronic Inc	7,650
	Microsoft Corp.	29,594
	Monster Worldwide Inc	3,212
	National Fuel Gas Co	137,171
	Paychex Inc	6,022
	Pepsico Inc	17,981
	Pfizer Inc	8,180

EIN: 16-1608040
Plan Number 001
Additional Information
Schedule of Assets Held (at End of Year)
Schedule H, Part IV, Line 4i

December 31, 2011

(a) *	(b) (c) Description	(e) Current Value
Common Stock (Continued):		
	PNC Cap TR E	19,598
	Sigma Aldrich Corp	12,492
	Sotheby's	8,017
	Southern Company	25,413
	Sovran Self Storage Inc	64,005
	Stryker Corp	9,942
	Suncor Energy Inc	13,146
	Sunoco Inc	47,788
	Sysco Corp	5,866
	Travelers Companies, Inc.	8,876
	Walmart Stores Inc	14,940
	Zimmer Holdings Inc	8,440
		949,249
U.S. Government Securities:		
	$25,000 Federal Home Loan Bank Bonds; maturity date 11/09/20	25,170
Limited Partnership:		
	Harvest Investment Partners LP2	14,800

EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN

EIN: 16-1608040
Plan Number 001
Additional Information
Schedule of Assets Held (at End of Year)
Schedule H, Part IV, Line 4i

December 31, 2011

(a) *	(b) (c) Description	(e) Current Value
Cash Equivalents:		
*	American Funds Sweep Account	436,828
	Federated Capital Reserve	621,439
	Dreyfus Money Market Instruments	5,084
	CMA Money Fund	20,166
	Dreyfus Government Cash Accounts	16,040
	Schwab Money Market Fund Sweep Account	91,467
	Sunamerica Money Market Fund Sweep Account	125
	UBS Retirement Money Fund	899
		1,192,048
	Notes receivable from participants (5.25% to 7%)	73,266
		$ 6,954,297

* Investments are with parties-in-interest.

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name EXCELSIOR ORTHOPAEDICS, LLP 401(k) PROFIT SHARING PLAN **EIN:** 16-1608040

Plan Sponsor's Name EXCELSIOR ORTHOPAEDICS, LLP **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN FUNDS	MUTUAL FUNDS	0	4,247,299
	CADARET GRANT	MUTUAL FUNDS	0	648,266
	CADARET GRANT	COMMON STOCKS	0	573,247
	CHARLES SCHWAB	MUTUAL FUNDS	0	371,296
	CHARLES SCHWAB	COMMON STOCKS	0	106,323
	FIDELITY	MUTUAL FUNDS	0	1
	FIDELITY	LIMITED PARTNERSHIP	0	14,800

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name EXCELSIOR ORTHOPAEDICS, LLP 401(k) PROFIT SHARING PLAN **EIN:** 16-1608040

Plan Sponsor's Name EXCELSIOR ORTHOPAEDICS, LLP **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	HAROLD C. BROWN	MUTUAL FUNDS	0	232,637
	HAROLD C. BROWN	COMMON STOCKS	0	269,679
	MERRILL LYNCH	MUTUAL FUNDS	0	106,264
	SAGE POINT/PERSHING	MUTUAL FUNDS	0	124,100
	SMITH BARNEY	MUTUAL FUNDS	0	164,050
	UBS	MUTUAL FUNDS	0	899
	UBS	GOVERNMENT SECURITIES	0	25,170