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 02/01/2011 and ending 01/31/2012

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
PARKVIEW ORTHOPAEDIC GROUP, S.C. PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 02/01/1984

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

PARKVIEW ORTHOPAEDIC GROUP, S.C.

7600 W. COLLEGE DR.
PALOS HEIGHTS, IL 60463

7600 W. COLLEGE DR.
PALOS HEIGHTS, IL 60463

2b Employer Identification Number (EIN) 36-2645598

2c Sponsor's telephone number 708-923-2526

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.	11/13/2012	ROBERT SEMBA
	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")
PARKVIEW ORTHOPAEDIC GROUP, S.C.

7600 W. COLLEGE DR.
PALOS HEIGHTS, IL 60463

3b Administrator's EIN
36-2645598

3c Administrator's telephone number
708-923-2526

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**	137
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**	123
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	15
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	138
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	138
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	111
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:
2A 2E 2F 2G 2J 2K 2T 3D 3H

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 02/01/2011 and ending 01/31/2012

A Name of plan
PARKVIEW ORTHOPAEDIC GROUP, S.C. PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PARKVIEW ORTHOPAEDIC GROUP, S.C.

D Employer Identification Number (EIN)
36-2645598

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

FID.INV.INST.OPS.CO.

04-2647786

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

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

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

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

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

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

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

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

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

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

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

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)

MCGLADREY, LLP

42-0714325

(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?
10	ACCOUNTANT/AUDITOR	6000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 37 65 60	RECORDKEEPER	1475	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(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?
61	ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AM CENT HERITAGE A - AMERICAN CENTU 44-0619208	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BLKRK EQUITY DIV A - BNY MELLON INV P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BLKRK SM CAP GRTH A - BNY MELLON IN P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL MAR 21ST CENT A - COLUMBIA MGT P.O. BOX 219643 KANSAS CITY, MO 64121	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COLUMBIA MDCAP VAL A - COLUMBIA MGT P.O. BOX 219643 KANSAS CITY, MO 64121	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DREYFUS S&P 500 INDX - DREYFUS TRAN 13-2614959	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JANUS BALANCED S - JANUS SERVICES L 43-1804048	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JANUS FORTY S - JANUS SERVICES LLC 43-1804048	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JANUS OVERSEAS S - JANUS SERVICES L 43-1804048	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
OPPHMR SMMIDCP VAL A - OPPENHEIMERF 13-2527171	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
RS GLOBAL NAT RES A - BOSTON FINANC 330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
THORNBURG INT VAL R4 - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.25%

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
MERRILL LYNCH PIERCE FENNER & SMITH	61	0

(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.
OPPHMR SMMIDCP VAL A - OPPENHEIMERF 13-2953455	$5M+=0.25%

(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

(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

(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 02/01/2011 and ending 01/31/2012

A Name of plan
PARKVIEW ORTHOPAEDIC GROUP, S.C. PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PARKVIEW ORTHOPAEDIC GROUP, S.C.

D Employer Identification Number (EIN)
36-2645598

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	527665	534309
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1597000	1712319
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	82106	97974
(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)	11444524	12352058
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	13651295	14696660
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
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	13651295	14696660

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)	534309	
	(B) Participants	2a(1)(B)	413980	
	(C) Others (including rollovers)	2a(1)(C)	10011	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		958300
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	164	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	3002	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3166
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	409243	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		409243
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-255371
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1115338
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	60211	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		60211
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		264
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	9498	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		9498
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		69973
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1045365
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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

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

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

(1) Name: MCGLADREY, LLP **(2)** EIN: 42-0714325

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**		X	

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 02/01/2011 and ending 01/31/2012

A Name of plan
PARKVIEW ORTHOPAEDIC GROUP, S.C. PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PARKVIEW ORTHOPAEDIC GROUP, S.C.

D Employer Identification Number (EIN)
36-2645598

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): 04-6568107

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

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):

Parkview Orthopaedic Group, S.C.
Profit Sharing Plan and Trust

Financial Report
January 31, 2012

Contents

Independent Auditor's Report	1
Financial Statements	
Statements of net assets available for benefits	2
Statement of changes in net assets available for benefits	3
Notes to financial statements	4 – 10
Supplementary Information	
Schedule H, Line 4i - Schedule of assets (held at end of year)	11

McGladrey

Independent Auditor's Report

To the Plan Administrator and Participants
Parkview Orthopaedic Group, S.C. Profit Sharing Plan and Trust

We were engaged to audit the accompanying statements of net assets available for benefits of the Parkview Orthopaedic Group, S.C. Profit Sharing Plan and Trust (the Plan) as of January 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended January 31, 2012, and the supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of January 31, 2012. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Fidelity Management Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the information summarized in Note 3 that was provided to the Plan Administrator by the trustee as of and for the year ended January 31, 2012, and as of January 31, 2011.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McGladrey LLP

Schaumburg, Illinois
November 12, 2012

Member of the RSM International network of independent accounting, tax and consulting firms.

Parkview Orthopaedic Group, S.C. Profit Sharing Plan and Trust

Statements of Net Assets Available for Benefits
January 31, 2012 and 2011

	2012	2011
Assets		
Investments, at fair value		
Mutual funds	**$ 14,064,377**	$ 13,041,524
Receivables:		
Employer contribution	**534,309**	527,665
Notes receivable from participants	**98,238**	82,106
	632,547	609,771
Net assets available for benefits	**$ 14,696,924**	$ 13,651,295

See Notes to Financial Statements.

Parkview Orthopaedic Group, S.C. Profit Sharing Plan and Trust

Statement of Changes in Net Assets Available for Benefits
Year Ended January 31, 2012

Additions to net assets attributed to:	
Investment income (loss):	
Net depreciation in fair value of mutual funds	**$ (255,371)**
Interest and dividends	**409,407**
	154,036
Interest income on notes receivable from participants	**3,002**
Contributions	
Participant	**413,980**
Employer	**534,309**
Rollover	**10,011**
	958,300
Total additions	**1,115,338**
Deductions from net assets attributed to:	
Benefits paid to participants	**60,211**
Administrative expenses	**9,498**
Total deductions	**69,709**
Net increase	**1,045,629**
Net assets available for benefits	
Beginning of year	**13,651,295**
End of year	**$ 14,696,924**

See Notes to Financial Statements.

Note 1. Description of the Plan

The following description of the Parkview Orthopaedic Group, S.C. Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all full-time employees of Parkview Orthopaedic Group, S.C., PMI Diagnostic Imaging, LLC and Park Services, L.P. (collectively, the "Company") who have completed two months of service and are age 21 or older. Employees who are covered by a collective bargaining agreement are not eligible to participate in the Plan. Eligible employees may become participants in the Plan immediately following the completion of the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions: Each year, participants may contribute up to 20 percent of pretax annual compensation and up to 100 percent of bonuses at designated payroll periods, as defined by the Plan. 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 defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a variety of mutual funds as investment options for participants. Company profit-sharing contributions and matching contributions are discretionary in nature and determined by the Company's Board of Directors, as defined in the plan document. There were no matching contributions for the year ended January 31, 2012. Discretionary company contributions, if any, are allocated to six possible class levels based on position and compensation. Employees who terminate prior to the Plan's year-end, other than by reason of retirement, disability or death, are not eligible for profit sharing or matching contributions related to that year. Contributions are subject to certain limitations. The profit sharing contribution for the year ended January 31, 2011, that was credited to participants' accounts during the year ended January 31, 2012, was $527,665. The profit sharing contribution for the year ended January 31, 2012, totaling $534,309 was credited to the participants' accounts subsequent to year-end.

Participant accounts: Each participant's account is credited with the participant's contribution, the Company's matching contribution, and an allocation of the discretionary Company contribution, investment earnings or losses and expenses, if any. 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 plus actual earnings or losses thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100 percent vested after five 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 vested account balance, whichever is less. Loans are to be repaid within five years unless the loan is being taken to purchase a primary residence, which may be repaid over a period up to 10 years. Only one loan may be outstanding at any time. The loans are secured by the balance in the participant's account and bear interest at the prime rate in effect at the loan's inception, which is commensurate with local prevailing rates as determined quarterly by the Plan Administrator. The interest rates on outstanding loans ranged from 3.25 percent to 6.25 percent. Principal and interest is paid ratably through payroll deductions.

Payment of benefits: Upon termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments. In addition, the Plan permits hardship withdrawals and in-service distributions if certain criteria are met.

Note 1. Description of the Plan (Continued)

Forfeited accounts: At January 31, 2012 and 2011, forfeited nonvested accounts totaled $9,433 and $17,138, respectively. These accounts will be used first to pay administrative expenses and then to reduce future employer contributions. During the year ended January 31, 2012, forfeitures from nonvested accounts of $8,350 were used to pay administrative expenses.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The accompanying financial statements 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 management to make estimates and assumptions that affect the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

Payment of benefits: Benefits are recorded when paid.

Administrative expenses: Expenses will be paid from the Plan if not paid by the Company.

Pending accounting pronouncement: In May 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs* (ASU 2011-04). ASU 2011-04 amended Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, to converge the fair value measurement guidance in GAAP and International Financial Reporting Standards (IFRSs). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan’s financial statements.

Subsequent events: The Plan Administrator has evaluated subsequent events for potential recognition and/or disclosure through November 12, 2012, the date the financial statements were available to be issued.

Note 3. Information Certified and Provided by Fidelity Management Trust Company

The following is a summary of the Plan's asset and income information as of January 31, 2012 and 2011, and for the year ended January 31, 2012, included throughout the Plan's financial statements and supplemental schedule that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from Fidelity Management Trust Company ("Fidelity"), the trustee, that information provided to the Plan Administrator by the trustee related to the following assets and income is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets and income:

	2012	2011
Mutual funds	$ 14,064,377	$ 13,041,524
Notes receivable from participants	$ 98,238	$ 82,106
Net depreciation in fair value of investments	$ (255,371)	
Interest and dividends	$ 409,407	
Interest income on notes receivable from participants	$ 3,002	

Note 4. Investments

Investments that represent 5 percent or more of the Plan's net assets at January 31, 2012 and 2011, are separately identified below:

	2012	2011
Fidelity Prime Fund - Daily Money Class	$ 1,712,319	$ 1,597,000
Janus Balanced Fund Class S	5,531,040	5,101,492
Thornburg International Value Fund Class R4	*	899,026
Fidelity Advisor Strategic Income Fund Class A	1,806,301	1,584,076

* Less than 5 percent at year-end.

The Plan's investments in mutual funds, including investments bought, sold and held during the year depreciated by $255,371 during the year ended January 31, 2012.

Note 5. Fair Value Measurements

ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at January 31, 2012 and 2011.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year-end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 5. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value as of January 31, 2012 and 2011:

	Assets Measured at Fair Value as of January 31, 2012			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Money market	$ 1,712,319	$ -	$ -	$ 1,712,319
Bond	1,996,965	-	-	1,996,965
Balanced/Hybrid	5,531,040	-	-	5,531,040
Large Value Equity	406,086	-	-	406,086
Large Blend Equity	458,935	-	-	458,935
Large Growth Equity	438,354	-	-	438,354
International/Global Equity	1,196,138	-	-	1,196,138
Specialty	915,743	-	-	915,743
Mid Blend Equity	443,699	-	-	443,699
Mid Growth Equity	613,533	-	-	613,533
Small Growth Equity	305,096	-	-	305,096
Blended	46,469	-	-	46,469
Total	$ 14,064,377	$ -	$ -	$ 14,064,377

	Assets Measured at Fair Value as of January 31, 2011			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Money market	$ 1,597,000	$ -	$ -	$ 1,597,000
Bond	1,655,852	-	-	1,655,852
Balanced/Hybrid	5,101,492	-	-	5,101,492
Large Value Equity	416,879	-	-	416,879
Large Blend Equity	428,137	-	-	428,137
Large Growth Equity	416,199	-	-	416,199
International/Global Equity	1,445,713	-	-	1,445,713
Specialty	801,205	-	-	801,205
Mid Blend Equity	420,185	-	-	420,185
Mid Growth Equity	600,851	-	-	600,851
Small Growth Equity	118,241	-	-	118,241
Blended	39,770	-	-	39,770
Total	$ 13,041,524	$ -	$ -	$ 13,041,524

Note 5. Fair Value Measurements (Continued)

Changes in Fair Value Levels

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

Management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended January 31, 2012, there were no significant transfers in or out of Levels 1, 2, or 3.

Note 6. Related-Party Transactions

Certain plan investments are shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services were included as a reduction of the return earned on each fund. Transaction-based fees paid by the Plan were $1,498 for the year ended January 31, 2012.

Certain employees of the Company provide administrative services for the Plan and are not reimbursed for their services from the Plan.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the provisions of the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100 percent vested in their accounts.

Note 8. Tax Status

The Plan has adopted a volume submitter plan sponsored by Fidelity Management & Research Company. The Internal Revenue Service issued an opinion letter stating that the volume submitter plan was designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). The volume submitter plan opinion letter has been relied upon by this Plan. The Company believes that the Plan is currently designed and is being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the local, state and federal taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2008.

Note 9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at January 31, 2012 and 2011, to Form 5500:

	2012	2011
Net assets available for benefits per the financial statements	$ 14,696,924	$ 13,651,295
Differences in:		
Investments	97,974	82,106
Receivables - notes receivable from participants	(98,238)	(82,106)
Net assets available for benefits per the Form 5500	$ 14,696,660	$ 13,651,295

The following is a reconciliation of the change in net assets per the financial statements for the year ended January 31, 2012, to Form 5500:

	2012
Change in net assets available for benefits per the financial statements	$ 1,045,629
Benefit payments	(264)
Change in net assets available for benefits per Form 5500	$ 1,045,365

Supplementary Information

Parkview Orthopaedic Group, S.C. Profit Sharing Plan and Trust

EIN: 36-2645598
Plan Number: 003

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
January 31, 2012

(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
	Dreyfus S&P 500 Index Fund	Mutual fund	**	$ 458,935
	Oppenheimer Small & Mid Cap Value Fund Class A	Mutual fund	**	194,829
*	Fidelity Prime Fund - Daily Money Class	Mutual fund	**	1,712,319
	Janus Forty Fund Class S	Mutual fund	**	438,354
	Janus Balanced Fund Class S	Mutual fund	**	5,531,040
	RS Global Natural Resources Fund Class A	Mutual fund	**	82,855
	BlackRock Equity Dividend Fund Class A	Mutual fund	**	406,086
	Thornburg International Value Fund Class R4	Mutual fund	**	708,463
	American Century Heritage Fund Class A	Mutual fund	**	613,533
	BlackRock Small Cap Growth Equity Portfolio Class Investment A	Mutual fund	**	305,096
*	Fidelity Advisor Leveraged Company Stock Fund Class A	Mutual fund	**	248,870
*	Fidelity Advisor Health Care Fund Class A	Mutual fund	**	185,794
*	Fidelity Advisor Industrials Fund Class A	Mutual fund	**	534,431
*	Fidelity Advisor Strategic Income Fund Class A	Mutual fund	**	1,806,301
*	Fidelity Advisor Real Estate Fund Class A	Mutual fund	**	112,663
*	Fidelity Advisor Freedom 2010 Fund Class A	Mutual fund	**	3,673
*	Fidelity Advisor Freedom 2020 Fund Class A	Mutual fund	**	3,377
*	Fidelity Advisor Freedom 2030 Fund Class A	Mutual fund	**	3,321
*	Fidelity Advisor Freedom 2040 Fund Class A	Mutual fund	**	12,765
*	Fidelity Advisor Freedom 2015 Fund Class A	Mutual fund	**	15,680
*	Fidelity Advisor Freedom 2025 Fund Class A	Mutual fund	**	7,653
*	Fidelity Advisor Government Income Fund Class A	Mutual fund	**	190,664
	Janus Overseas Fund Class S	Mutual fund	**	487,675
				14,064,377
*	Participant loans	3.25% to 6.25%	**	97,974
				$ 14,162,351

* Indicates a party-in-interest
** Cost omitted for participant-directed investments

See Opinion attached to the IQPA Opinion and Financial Statements

JENNINGS LAW FIRM

memorandum

September 18, 2012

T O : Ms. Patricia L. Erhardt

F R O M : Jackie Mims

R E : Parkview Orthopaedic Group, S.C. Profit Sharing Plan and Trust

E – M A I L : p_erhardt@parkviewortho.com

We are pleased to present our proposal for the profit sharing contribution to the Parkview Orthopaedic Group, S.C. Profit Sharing Plan and Trust (the Plan) for the plan year ending on January 31, 2012.

Under this proposal, each of the owners receives a profit sharing contribution of $32,000. To support these contributions, all of the non-highly compensated receive a profit sharing contribution of approximately 4.36% of pay. The eligible highly compensated non-owners also receive profit sharing contributions of approximately 4.36% of pay. These 6 participants (J. Boscardin, P. Erhardt, R. Glantz, J. Hanna, C. Sampat and N. Shah) are not required to receive any contributions. Increasing the contributions to any of the highly compensated employees would require higher contributions for the non-highly compensated employees.

Overall, the owners receive approximately 60% of the total profit sharing contribution of $534,308.65.

Please let me know if these figures are approved.

Finally, we are also pleased to inform you that the Plan passed the applicable ADP Test. Please note that the 401(k) dollar limit is $17,000 for the 2012 calendar year, and the catch-up contribution limit is $5,500. Any employee who attains age 50 during 2012 may make the catch-up contribution.

If you have any questions or comments, please feel free to contact me at (312) 651-6081.

JAM/kss
Enc.

PARKORTH-2011-Proposal Memo

Jennings Law Firm, Ltd.
100 West Monroe, Suite 1300
Chicago, Illinois 60603-1909
T 312.332.7733 F 312.332.8814
danaconsulting.com

Parkview Orthopaedic Group, S.C. Profit Sharing Plan and Trust

Retirement Plan Proposal for the plan year ending on January 31, 2012

S:\DCG-JLF\Plan Files\Parkview Orthopaedic Group, S.C. PS {PARKORTH}{542}\Administration\Reporting and Testing\[PARKORTH-2011-Proposal - CT.xls]CT
Rev. 09/18/2012

EMPLOYEE		BIRTH	AGE	PAY	STATUS	FULL YR. PAY	PROFIT SHARING	% OF PAY	401K DEFERRALS	% OF PAY	401K CATCH UP	% OF PAY	TOTAL CONTRIBUTION	% OF PAY
Baylis	William	03/04/1955	56	245,000.00		245,000.00	32,000.00	13.06%	16,500.00	6.73%	5,500.00	2.24%	54,000.00	22.04%
DeFrino	Paul	01/06/1966	46	245,000.00		245,000.00	32,000.00	13.06%	16,500.00	6.73%	0.00	0.00%	48,500.00	19.80%
Farrell	William	02/19/1955	56	245,000.00		245,000.00	32,000.00	13.06%	16,500.00	6.73%	5,500.00	2.24%	54,000.00	22.04%
Fuentes	Henry	01/28/1957	55	245,000.00		245,000.00	32,000.00	13.06%	16,500.00	6.73%	5,500.00	2.24%	54,000.00	22.04%
Luke	Kevin	08/27/1957	54	245,000.00		245,000.00	32,000.00	13.06%	16,500.00	6.73%	5,500.00	2.24%	54,000.00	22.04%
Mekhail	Anis	08/09/1964	47	245,000.00		245,000.00	32,000.00	13.06%	0.00	0.00%	0.00	0.00%	32,000.00	13.06%
Moran	Mark	08/01/1961	50	245,000.00		245,000.00	32,000.00	13.06%	16,500.00	6.73%	0.00	0.00%	48,500.00	19.80%
Price	Scott	04/17/1955	56	245,000.00		245,000.00	32,000.00	13.06%	16,500.00	6.73%	5,500.00	2.24%	54,000.00	22.04%
Semba	Robert	03/27/1953	58	245,000.00		245,000.00	32,000.00	13.06%	16,500.00	6.73%	5,500.00	2.24%	54,000.00	22.04%
Wardell	Steven	12/18/1963	48	245,000.00		245,000.00	32,000.00	13.06%	16,500.00	6.73%	0.00	0.00%	48,500.00	19.80%
Boscardin	James	12/14/1940	65	245,000.00		245,000.00	10,682.00	4.36%	16,500.00	6.73%	5,500.00	2.24%	32,682.00	13.34%
Erhardt	Pat	09/20/1955	56	142,801.15		142,801.15	6,226.13	4.36%	16,500.00	11.55%	1,489.67	1.04%	24,215.80	16.96%
Glantz	Russell	02/24/1949	62	245,000.00		245,000.00	10,682.00	4.36%	16,500.00	6.73%	5,500.00	2.24%	32,682.00	13.34%
Hanna	James	07/17/1971	40	155,054.45		155,054.45	6,760.37	4.36%	0.00	0.00%	0.00	0.00%	6,760.37	4.36%
Sampat	Chintan	12/18/1977	34	245,000.00		245,000.00	10,682.00	4.36%	0.00	0.00%	0.00	0.00%	10,682.00	4.36%
Shah	Nirav	01/01/1978	34	245,000.00		245,000.00	10,682.00	4.36%	16,500.00	6.73%	0.00	0.00%	27,182.00	11.09%
Kaper	Cherise	02/14/1970	41	62,708.62	Termed + 501 hrs	62,708.62	0.00	0.00%	1,400.00	2.23%	0.00	0.00%	1,400.00	2.23%
Albers-Lopez	Nadine	09/08/1959	52	37,761.83		37,761.83	1,646.42	4.36%	5,664.28	15.00%	0.00	0.00%	7,310.70	19.36%
Amato	Laura	04/24/1960	51	50,236.26		50,236.26	2,190.30	4.36%	7,535.46	15.00%	0.00	0.00%	9,725.76	19.36%
Baudo	Jodie	09/07/1978	33	29,392.09		29,392.09	1,281.50	4.36%	2,939.26	10.00%	0.00	0.00%	4,220.76	14.36%
Bell	Nathan	01/13/1984	28	93,485.56		93,485.56	4,075.97	4.36%	4,600.00	4.92%	0.00	0.00%	8,675.97	9.28%
Brncich	Joan	01/19/1965	47	78,134.28		78,134.28	3,406.65	4.36%	1,300.00	1.66%	0.00	0.00%	4,706.65	6.02%
Brouse	Carlene	06/08/1964	47	30,483.06		30,483.06	1,329.06	4.36%	780.00	2.56%	0.00	0.00%	2,109.06	6.92%
Byrd	Beverly	11/14/1959	52	51,981.90		51,981.90	2,266.41	4.36%	0.00	0.00%	0.00	0.00%	2,266.41	4.36%
Byrd	Roberta	04/05/1949	62	36,530.63		36,530.63	1,592.74	4.36%	0.00	0.00%	0.00	0.00%	1,592.74	4.36%
Catalano	Margo	11/24/1965	46	37,606.48		37,606.48	1,639.64	4.36%	2,256.38	6.00%	0.00	0.00%	3,896.02	10.36%
Catizone	Nancy	11/24/1961	50	40,932.40		40,932.40	1,784.65	4.36%	1,300.00	3.18%	0.00	0.00%	3,084.65	7.54%
Clarke	Jacqueline	10/14/1964	47	44,963.03		44,963.03	1,960.39	4.36%	2,248.16	5.00%	0.00	0.00%	4,208.55	9.36%
Conroy	***Tracey***	***10/22/1988***	***65***	***24,124.98***	***New 4/28/2011***	***29,458.98***	1,051.85	4.36%	0.00	0.00%	0.00	0.00%	1,051.85	4.36%
Coughlin	Peggy	07/26/1965	46	41,921.54		41,921.54	1,827.78	4.36%	151.25	0.36%	0.00	0.00%	1,979.03	4.72%
Cox	Rhona	07/26/1954	57	36,179.89		36,179.89	1,577.44	4.36%	1,300.00	3.59%	0.00	0.00%	2,877.44	7.95%
Cozzi	Pam	06/27/1950	61	54,161.36		54,161.36	2,361.44	4.36%	2,708.07	5.00%	0.00	0.00%	5,069.51	9.36%
Crotty	Teresita	03/28/1960	51	31,831.05		31,831.05	1,387.83	4.36%	724.00	2.27%	0.00	0.00%	2,111.83	6.63%
DuFauchard	Vicki	02/24/1959	52	56,196.48		56,196.48	2,450.17	4.36%	500.00	0.89%	0.00	0.00%	2,950.17	5.25%
Elias	Gamal	06/02/1958	53	44,704.65		44,704.65	1,949.12	4.36%	447.05	1.00%	0.00	0.00%	2,396.17	5.36%
Enright	Susan	12/07/1959	52	30,785.67		30,785.67	1,342.26	4.36%	0.00	0.00%	0.00	0.00%	1,342.26	4.36%
Ferrin	Cindy	11/17/1959	52	46,694.67		46,694.67	2,035.89	4.36%	2,600.00	5.57%	0.00	0.00%	4,635.89	9.93%
Fishback	Joan	07/19/1955	56	52,692.42		52,692.42	2,297.39	4.36%	1,950.00	3.70%	0.00	0.00%	4,247.39	8.06%
Forney	John	01/23/1967	45	98,436.80		98,436.80	4,291.84	4.36%	1,300.00	1.32%	0.00	0.00%	5,591.84	5.68%
Freeman	Doreen	02/19/1951	60	35,415.87		35,415.87	1,544.13	4.36%	1,770.81	5.00%	0.00	0.00%	3,314.94	9.36%
Gagan	Margaret	06/09/1982	29	31,720.76		31,720.76	1,383.03	4.36%	1,300.00	4.10%	0.00	0.00%	2,683.03	8.46%
Giaretta	Julie	08/17/1961	50	47,111.26		47,111.26	2,054.05	4.36%	2,355.56	5.00%	0.00	0.00%	4,409.61	9.36%
Grayer	***John***	***04/24/1969***	***42***	***22,250.89***	***New 7/31/2011***	***28,603.88***	970.14	4.36%	0.00	0.00%	0.00	0.00%	970.14	4.36%
Grima	Sandy	10/21/1952	59	34,240.85		34,240.85	1,492.90	4.36%	2,396.87	7.00%	0.00	0.00%	3,889.77	11.36%
Gums	Theresa	07/23/1970	41	28,250.77		28,250.77	1,231.73	4.36%	0.00	0.00%	0.00	0.00%	1,231.73	4.36%
Hairston	Antoinette	03/07/1963	48	39,201.93		39,201.93	1,709.20	4.36%	0.00	0.00%	0.00	0.00%	1,709.20	4.36%
Hamilton	Norma	04/26/1971	40	27,414.60		27,414.60	1,195.28	4.36%	0.00	0.00%	0.00	0.00%	1,195.28	4.36%
Hoeksema	Patti	03/03/1954	57	61,527.39		61,527.39	2,682.59	4.36%	2,700.00	4.39%	0.00	0.00%	5,382.59	8.75%
Holmes	Meaghan	01/24/1976	36	38,066.05		38,066.05	1,659.68	4.36%	3,806.62	10.00%	0.00	0.00%	5,466.30	14.36%
Jacobsen	Patricia	07/11/1963	48	39,945.82		39,945.82	1,741.64	4.36%	2,396.74	6.00%	0.00	0.00%	4,138.38	10.36%
Jacobson	Kathleen	12/28/1987	24	15,968.46		15,968.46	696.22	4.36%	0.00	0.00%	0.00	0.00%	696.22	4.36%
Jeziorny	***Michelle***	***09/20/1987***	***24***	***17,876.98***	***New 7/5/2011***	***22,042.98***	779.44	4.36%	0.00	0.00%	0.00	0.00%	779.44	4.36%
Johnson	Linda	05/15/1962	49	31,529.97		31,529.97	1,374.71	4.36%	3,153.01	10.00%	0.00	0.00%	4,527.72	14.36%

EMPLOYEE		BIRTH	AGE	PAY	STATUS	FULL YR. PAY	PROFIT SHARING	% OF PAY	401K DEFERRALS	% OF PAY	401K CATCH UP	% OF PAY	TOTAL CONTRIBUTION	% OF PAY
Jones	Diane	12/16/1963	48	40,803.02		40,803.02	1,779.01	4.36%	0.00	0.00%	0.00	0.00%	1,779.01	4.36%
Josek	Mary	05/16/1945	65	53,377.16		53,377.16	2,327.24	4.36%	0.00	0.00%	0.00	0.00%	2,327.24	4.36%
Keys	Gina	01/19/1960	52	37,265.95		37,265.95	1,624.80	4.36%	520.00	1.40%	0.00	0.00%	2,144.80	5.76%
Knippel	Colleen	01/18/1953	59	26,543.38		26,543.38	1,157.29	4.36%	1,300.00	4.90%	0.00	0.00%	2,457.29	9.26%
Kobialko	Carol	08/07/1949	62	48,263.27		48,263.27	2,104.28	4.36%	2,400.00	4.97%	0.00	0.00%	4,504.28	9.33%
Koehler	Karen	03/06/1954	57	96,672.88		96,672.88	4,214.94	4.36%	1,400.00	1.45%	0.00	0.00%	5,614.94	5.81%
Kroll	Barbara	10/20/1948	63	31,699.30		31,699.30	1,382.09	4.36%	650.00	2.05%	0.00	0.00%	2,032.09	6.41%
Mager	Jennifer	11/09/1979	32	35,134.83		35,134.83	1,531.88	4.36%	0.00	0.00%	0.00	0.00%	1,531.88	4.36%
Mahaffey	***Sidonna***	***09/10/1973***	***38***	***27,199.83***	***New 3/24/2011***	***31,870.31***	1,185.91	4.36%	0.00	0.00%	0.00	0.00%	1,185.91	4.36%
Makhamre	Amanda	03/30/1986	25	37,033.83		37,033.83	1,614.67	4.36%	3,703.40	10.00%	0.00	0.00%	5,318.07	14.36%
Malloy	Erin	10/29/1984	27	46,210.31		46,210.31	2,014.77	4.36%	4,621.04	10.00%	0.00	0.00%	6,635.81	14.36%
Matus	Lyn	01/04/1959	53	46,355.10		46,355.10	2,021.08	4.36%	1,300.00	2.80%	0.00	0.00%	3,321.08	7.16%
Moffitt	Lynnae	03/27/1975	36	42,722.74		42,722.74	1,862.71	4.36%	520.00	1.22%	0.00	0.00%	2,382.71	5.58%
Mysliwiec	Karen	04/27/1969	42	34,876.11		34,876.11	1,520.60	4.36%	0.00	0.00%	0.00	0.00%	1,520.60	4.36%
Nelson	Sue	10/08/1950	61	44,038.07		44,038.07	1,920.06	4.36%	1,300.00	2.95%	0.00	0.00%	3,220.06	7.31%
Novielli	Sandy	01/11/1961	51	35,920.78		35,920.78	1,566.15	4.36%	0.00	0.00%	0.00	0.00%	1,566.15	4.36%
O'Connell	Mary	01/30/1953	59	63,429.62		63,429.62	2,765.53	4.36%	5,074.42	8.00%	0.00	0.00%	7,839.95	12.36%
O'Keefe	Linda	05/26/1969	42	40,454.93		40,454.93	1,763.83	4.36%	313.41	0.77%	0.00	0.00%	2,077.24	5.13%
Olson	***Michelle***	***08/09/1979***	***32***	***21,134.21***	***New 4/14/2011***	***25,647.34***	921.45	4.36%	0.00	0.00%	0.00	0.00%	921.45	4.36%
O'Neil	Donna	06/23/1942	65	17,811.36		17,811.36	776.58	4.36%	0.00	0.00%	0.00	0.00%	776.58	4.36%
O'Sullivan	Jean	04/19/1961	65	41,472.22		41,472.22	1,808.19	4.36%	2,600.00	6.27%	0.00	0.00%	4,408.19	10.63%
Pavela	Marcia	08/14/1955	56	41,232.07		41,232.07	1,797.72	4.36%	2,061.63	5.00%	0.00	0.00%	3,859.35	9.36%
Peppler	Cathy	11/04/1950	61	44,553.93		44,553.93	1,942.55	4.36%	5,590.00	12.55%	0.00	0.00%	7,532.55	16.91%
Perion	Amanda	08/24/1984	27	26,827.01		26,827.01	1,169.66	4.36%	1,877.92	7.00%	0.00	0.00%	3,047.58	11.36%
Petrak	Carole	07/07/1943	65	48,370.52		48,370.52	2,108.95	4.36%	4,837.05	10.00%	0.00	0.00%	6,946.00	14.36%
Piotrowski	***Kara***	***08/23/1989***	***22***	***13,634.63***	***New 8/20/2011***	***18,395.26***	594.47	4.36%	0.00	0.00%	0.00	0.00%	594.47	4.36%
Pirucki	Tracy	05/05/1970	41	55,313.16		55,313.16	2,411.65	4.36%	0.00	0.00%	0.00	0.00%	2,411.65	4.36%
Ponce de Leon	***Sylvia***	***07/06/1973***	***65***	***13,241.98***	***New 8/17/2011***	***16,692.98***	577.35	4.36%	0.00	0.00%	0.00	0.00%	577.35	4.36%
Purcell	Stacy	08/17/1977	34	84,342.28		84,342.28	3,677.32	4.36%	7,934.99	9.41%	0.00	0.00%	11,612.31	13.77%
Pyznarski	Tina	05/14/1967	44	36,043.07		36,043.07	1,571.48	4.36%	0.00	0.00%	0.00	0.00%	1,571.48	4.36%
Reed	Susan	09/22/1966	65	64,943.60		64,943.60	2,831.54	4.36%	6,494.37	10.00%	0.00	0.00%	9,325.91	14.36%
Reese	Nancy	01/07/1961	65	39,553.89		39,553.89	1,724.55	4.36%	1,040.00	2.63%	0.00	0.00%	2,764.55	6.99%
Reinsma	Ellen	09/29/1946	65	72,761.28		72,761.28	3,172.39	4.36%	7,350.20	10.10%	0.00	0.00%	10,522.59	14.46%
Rodriguez	Sherri	10/25/1970	41	41,726.19		41,726.19	1,819.26	4.36%	0.00	0.00%	0.00	0.00%	1,819.26	4.36%
Ruda	Susan	08/22/1960	51	83,418.92		83,418.92	3,637.06	4.36%	10,400.00	12.47%	0.00	0.00%	14,037.06	16.83%
Rush	Michele	06/23/1970	41	27,504.06		27,504.06	1,199.18	4.36%	0.00	0.00%	0.00	0.00%	1,199.18	4.36%
Schaefer	Pam	05/06/1954	65	34,642.31		34,642.31	1,510.40	4.36%	1,300.00	3.75%	0.00	0.00%	2,810.40	8.11%
Shebelski	Linda	03/30/1959	52	22,792.82		22,792.82	993.77	4.36%	0.00	0.00%	0.00	0.00%	993.77	4.36%
Smith (Dempsey)	Michelle	03/06/1970	41	42,964.11		42,964.11	1,873.24	4.36%	0.00	0.00%	0.00	0.00%	1,873.24	4.36%
Stephenson	Cheryl	06/04/1965	46	30,758.74		30,758.74	1,341.08	4.36%	615.19	2.00%	0.00	0.00%	1,956.27	6.36%
Stulgis	Veronica	04/16/1942	65	34,084.92		34,084.92	1,486.10	4.36%	5,112.73	15.00%	0.00	0.00%	6,598.83	19.36%
Tankersley	Sonia	11/13/1979	32	46,815.46		46,815.46	2,041.15	4.36%	0.00	0.00%	0.00	0.00%	2,041.15	4.36%
Uelman	Judy	12/02/1949	62	18,680.72		18,680.72	814.48	4.36%	934.06	5.00%	0.00	0.00%	1,748.54	9.36%
Vales	Laura	03/27/1975	36	21,808.31		21,808.31	950.84	4.36%	0.00	0.00%	0.00	0.00%	950.84	4.36%
Varju	Nancy	03/22/1963	48	17,693.60		17,693.60	771.44	4.36%	884.69	5.00%	0.00	0.00%	1,656.13	9.36%
Veysada	Lorilee	08/03/1962	65	32,486.72		32,486.72	1,416.42	4.36%	2,274.07	7.00%	0.00	0.00%	3,690.49	11.36%
Weidner-Odelson	Linda	02/16/1954	57	50,413.28		50,413.28	2,198.02	4.36%	1,300.00	2.58%	0.00	0.00%	3,498.02	6.94%
Welsch	Jason	01/26/1976	36	89,427.56		89,427.56	3,899.04	4.36%	0.00	0.00%	0.00	0.00%	3,899.04	4.36%
Wesolowski	Joyce	05/08/1947	64	14,041.90		14,041.90	612.23	4.36%	280.84	2.00%	0.00	0.00%	893.07	6.36%
Wilkus	Dawn	02/04/1974	37	32,464.63		32,464.63	1,415.46	4.36%	0.00	0.00%	0.00	0.00%	1,415.46	4.36%
Workman	Lynn	02/07/1944	65	30,315.92		30,315.92	1,321.77	4.36%	650.00	2.14%	0.00	0.00%	1,971.77	6.50%
Zuklic	Karen	10/27/1965	46	36,445.92		36,445.92	1,589.04	4.36%	2,792.04	7.66%	0.00	0.00%	4,383.08	12.03%
Adamski	Barb	07/08/1956	55	5,962.23	< 1000 hrs	5,962.23	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
Albarran	Sarah	06/22/1986	25	14,290.69	< 1000 hrs	14,290.69	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
Amundson	Brian	05/10/1973	38	32,875.66	New 11/19/2011< 1000 hrs	32,875.66	0.00	0.00%	657.69	2.00%	0.00	0.00%	657.69	2.00%
Brice	Laura	08/18/1961	65	29,015.00	< 1000 hrs	29,015.00	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
Gaylord	Michael	03/12/1984	27	9,627.52	New 10/12/2011< 1000 hrs	9,627.52	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
Goldman	Lisa	01/02/1965	47	21,227.17	< 1000 hrs	21,227.17	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
Heenan	Mary	02/11/1952	59	11,845.06	< 1000 hrs	11,845.06	0.00	0.00%	780.00	6.59%	0.00	0.00%	780.00	6.59%
Hoeksema	Henry	12/21/1943	65	6,177.52	New 4/15/2011< 1000 hrs	6,177.52	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
Meyer	Cindy	08/06/1967	44	7,263.91	< 1000 hrs	7,263.91	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
Osullivan	Maureen	07/30/1988	23	2,860.00	< 1000 hrs	2,860.00	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
Ruta	Yucaitis	08/16/1951	60	9,505.87	New 11/26/2011< 1000 hrs	9,505.87	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%

EMPLOYEE		BIRTH	AGE	PAY	STATUS	FULL YR. PAY	PROFIT SHARING	% OF PAY	401K DEFERRALS	% OF PAY	401K CATCH UP	% OF PAY	TOTAL CONTRIBUTION	% OF PAY
Visser	Linda	05/17/1963	48	13,066.44	< 1000 hrs	13,066.44	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
Wollscheid	Lauren	05/13/1986	25	4,824.98	< 1000 hrs	4,824.98	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
Barnhart	Patricia	07/07/1965	65	33,268.67	Termed + 501 hrs	33,268.67	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
Gibson	Deana	04/17/1970	65	18,158.88	Termed + 501 hrs	18,158.88	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
Schaffer	Jean	08/14/1943	65	35,193.30	Termed + 501 hrs	35,193.30	0.00	0.00%	1,008.00	2.86%	0.00	0.00%	1,008.00	2.86%
Crilly	Catherine	04/25/1958	53	6,280.49	Termed < 501 hrs	6,280.49	0.00	0.00%	680.00	10.83%	0.00	0.00%	680.00	10.83%
Cruz	Velma	07/01/1960	65	240.78	Termed < 501 hrs	240.78	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
Goldsberry	Joan	09/17/1957	65	4,496.62	Termed < 501 hrs	4,496.62	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
Planera	Erin	06/03/1985	26	1,591.95	Termed < 501 hrs	1,591.95	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
TOTALS				7,695,818.00		7,729,066.23	534,308.65		368,641.26		45,489.67		948,441.58	