Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	uance with	Time instructions to the Form 550	U-3F.					
	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 07/01/201	1	and ending (06/30/20	012				
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan			
В	This return/report is: the first return/report	the final r	eturn/report						
	an amended return/report	a short pla	n year return/report (less than 12 m	onths)					
C	Check box if filing under: X Form 5558		DFVC program	m					
	special extension (enter description	on)		·-	_				
Pa	art II Basic Plan Information—enter all requested information	ation							
1a	Name of plan			1b	Three-digit				
ROC	KLAND ORTHOPEDICS & SPORTS MEDICINE, P.C. RETIREMEN	T PLAN			plan number				
					(PN) •	. 004			
				1C	Effective date of 07/01/				
2a	Plan sponsor's name and address; include room or suite number (e	mplover. if	for a single-employer plan)	2b	Employer Identifi		er		
ROC	CKLAND ORTHOPEDICS & SPORTS MEDICINE, P.C.	1 - 7 - 7	3 - 7 - 7 - 7 - 7		(EIN) 13-272				
				2c	Sponsor's teleph	none number			
	ROUTE 59				845-356				
SUIT AIRM	E #2 MONT, NY 10952			2d	Business code (s		ns)		
	<u> </u>	-t "C	2)\	2h	62111 Administrator's E				
	Plan administrator's name and address (if same as plan sponsor, et KLAND ORTHOPEDICS & SPORTS MEDICINE, P.C. 327 ROUTE !		;)	30 /	13-272				
	SUITE #2 AIRMONT, N	Y 10952		3c	Administrator's to	elephone nur	nber		
4					845-356	-2900			
4	If the name and/or EIN of the plan sponsor has changed since the I name, EIN, and the plan number from the last return/report.	asi return/	report filed for this plan, enter the	4b	EIN				
а	Sponsor's name			4c	PN				
5a	Total number of participants at the beginning of the plan year			5a	5				
b	Total number of participants at the end of the plan year			5b			5		
С	Number of participants with account balances as of the end of the			- -			5		
60	complete this item)			5c		V Voc [No		
oa b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of		,	 DAI		X Yes	INO		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility			,		X Yes	No		
	If you answered "No" to either 6a or 6b, the plan cannot use Fe	orm 5500-	SF and must instead use Form 55	00.					
Pa	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End				
а	Total plan assets	. 7a	5170869			556402			
b	Total plan liabilities		0				0		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7с	5170869			556402			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from: (1) Employers	. 8a(1)	280485						
	(2) Participants	8a(2)	218089						
	(3) Others (including rollovers)	. 8a(3)	0						
b	Other income (loss)	. 8b	-43181						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				455393	3		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	62235						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	0						
f	Administrative service providers (salaries, fees, commissions)	. 8f	0						
g	Other expenses	. 8g	0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				6223	5		
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				393158	8		
i	Transfers to (from) the plan (see instructions)	8j	0						

Form 5500-SF 2011	

Page 2	-	1	
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Part IV	Plan	Characteris	tics

9a 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 3D

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

art	V	Compliance Questions							
0	Duri	ng the plan year:		Yes	No		Amo	unt	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were	e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c	Χ					500000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	X					10951
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					124299
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		h was answered "Yes," check the box if you either provided the required notice or one of the options to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance			ı				
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	dule SB	3 (Form			
2	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								× No
	If a w	res," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) valver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Mon	th						
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. r the minimum required contribution for this plan year			12b				
		r the amount contributed by the employer to the plan for this plan year			12c				
		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left							
		tive amount)			12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	١	10	N/A
art	VII	Plan Terminations and Transfers of Assets							
l3a	Has	a resolution to terminate the plan been adopted in any plan year?	<u></u>		Y	⁄es X	No		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?						Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)				
1	3c(1)	Name of plan(s):		13	c(2) El	N(s)		13c(3) PN(s)
aut	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le ca	ıse is	establ	ished.			
Jnde	r pena	alties of periury and other penalties set forth in the instructions. I declare that I have examined this retr	urn/re	port. ii	ncludin	g. if applic	cable.	a Sch	edule

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	02/15/2013	KENNETH AUSTIN					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	02/15/2013	KENNETH AUSTIN					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Emptoyee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	irtil Annual Report Identification Information								
For	he calendar plan year 2011 or fiscal plan year beginning	07/01,	2011 and ending	06,	/30/2012				
A	This return/report is for: x a single-employer plan	a multiple-e	mployer plan (not multiemployer)		a one-participant plan				
в -	This return/report is:	the final rete	irn/report						
			year return/report (less than 12 mg	orths)					
~ .	H	automatic e	• • • • • • • • • • • • • • • • • • • •	, L	DFVC program				
U	STOCK DOWN THAT GET THE STOCK DOWN THAT STOCK DOWN THE STOCK DOWN THAT STOCK DOWN THE STOCK DOWN THAT STOCK DOWN THE		AGIIAOII	l	1 bi vo program				
55000	special extension (enter description)								
	intill: Basic Plan Information enter all requested information	mation.		16.					
1a	Name of plan				hree-digit lan number				
	Rockland Orthopedics & Sports Medicine, P.C. R	etiremen	t Plan	(PN) ► 004					
				1	ffective date of plan				
		stanta anadayan alam)		7/01/1997					
Za	Plan sponsor's name and address; include room or suite number (em Rockland Orthopedics & Sports Medicine, P.C.	ployer, it for	single-employer plan)	Ŀ	Employer Identification Number EIN) 13-2721370				
	<u> </u>			<u> </u>					
					Plan sponsor's telephone number (845) 356-2900				
	327 Route 59				Business code (see Instructions)				
ΠĠ	Suite #2 Airmont NY 10952				621111				
	Plan administrator's name and address (If same as plan sponsor, enti-	er "Same")		3b /	Administrator's EIN				
	Same	-							
	·			3c /	Administrator's telephone number				
-		of find farthing along and or the	/h r	4b ein					
4	If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report.	<u> </u>							
a				4c					
5a	Total number of participants at the beginning of the plan year ,				53				
b	Total number of participants at the end of the plan year			5b	52				
C	Number of participants with account balances as of the end of the pla	l							
	complete this item)			5c	52				
6a	complete this item)				X Yes No				
6a b	Were all of the plan's assets during the plan year invested in eligible a Are you claiming a waiver of the annual examination and report of an	assets? (See independer	instructions.) , , , , , , , , , , , , , , , , , , ,)	XYes No				
	Were all of the plan's assets during the plan year invested in eligible a Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	issets? (See independer d conditions	instructions.) ,)	XYes No				
b	Were all of the plan's assets during the plan year invested in eligible a Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-48? (See instructions on waiver eligibility and If you answered "No" to either 6a or 6b, the plan cannot use Form	issets? (See independer d conditions	instructions.) ,)	XYes No				
b Pa	Were all of the plan's assets during the plan year invested in eligible a Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an If you answered "No" to either 6a or 6b, the plan cannot use Form Financial Information	independer d conditions n 5500-SF a	instructions.) , , , , , , , , , , , , , , , , , , ,)	XYes □No				
b	Were all of the plan's assets during the plan year invested in eligible at Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-48? (See instructions on waiver eligibility and if you answered "No" to either 6a or 6b, the plan cannot use Form Financial Information Plan Assets and Liabilities	independer d conditions n 5500-SF a	instructions.) , , , , , , , , , , , , , , , , , , ,)					
b 7 a	Were all of the plan's assets during the plan year invested in eligible at Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-48? (See instructions on waiver eligibility and if you answered "No" to either 6a or 6b, the plan cannot use Form Financial Information Plan Assets and Liabilities Total plan assets	assets? (Sec independen d conditions n 5500-SF a	instructions.) , , , , , , , t qualified public accountant (iQPA) , , , , , , , , , , , , , , , , , , ,)					
b Pa	Were all of the plan's assets during the plan year invested in eligible at Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and if you answered "No" to either 6a or 6b, the plan cannot use Formatic Financial Information Plan Assets and Liabilities Total plan assets	assets? (Sec independer d conditions n 5500-SF a	instructions.) ,)					
Pi 7 a b c	Were all of the plan's assets during the plan year invested in eligible at Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-48? (See instructions on waiver eligibility and if you answered "No" to either 6a or 6b, the plan cannot use Form Financial Information Plan Assets and Liabilities Total plan assets	assets? (See independer d conditions in 5500-SF a 7a 7b 7c	instructions.) ,)	X Yes				
7 a b c 8	Were all of the plan's assets during the plan year invested in eligible at Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-48? (See instructions on waiver eligibility and if you answered "No" to either 6a or 6b, the plan cannot use Form Financial Information Plan Assets and Liabilities Total plan assets	assets? (Sec independer d conditions n 5500-SF a	instructions.) ,)					
7 a b c	Were all of the plan's assets during the plan year invested in eligible at Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-48? (See instructions on waiver eligibility and if you answered "No" to either 6a or 6b, the plan cannot use Form Financial Information Plan Assets and Liabilities Total plan assets	assets? (See independer d conditions in 5500-SF a 7a 7b 7c	instructions.) ,)	X Yes				
7 a b c 8	Were all of the plan's assets during the plan year invested in eligible at Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-48? (See instructions on waiver eligibility and if you answered "No" to either 6a or 6b, the plan cannot use Form Financial Information Plan Assets and Liabilities Total plan assets	assets? (Sec independent d conditions n 5500-SF a . 7a . 7b . 7c	instructions.) ,		X Yes				
7 a b c 8	Were all of the plan's assets during the plan year invested in eligible at Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and if you answered "No" to either 6a or 6b, the plan cannot use Form Financial Information Plan Assets and Liabilities Total plan assets	assets? (Sec independer d conditions n 5500-SF a . 7a . 7b . 7c	instructions.) ,		X Yes				
7 a b c 8	Were all of the plan's assets during the plan year invested in eligible at Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-48? (See instructions on waiver eligibility and if you answered "No" to either 6a or 6b, the plan cannot use Form Financial Information Plan Assets and Liabilities Total plan assets	assets? (Sec independer d conditions n 5500-SF a . 7a . 7b . 7c . 8a(1) . 8a(2)	instructions.) ,		X Yes				
7 a b c 8 a	Were all of the plan's assets during the plan year invested in eligible at Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-48? (See instructions on waiver eligibility and if you answered "No" to either 6a or 6b, the plan cannot use Form Financial Information Plan Assets and Liabilities Total plan assets	ssets? (Secindepender de conditions in 5500-SF a 7a 7b 7c 8a(1) 8a(2) 8a(3)	instructions.) ,		X Yes				
7 a b c 8 a b	Were all of the plan's assets during the plan year invested in eligible at Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-48? (See instructions on waiver eligibility and if you answered "No" to either 6a or 6b, the plan cannot use Form Financial Information Plan Assets and Liabilities Total plan assets	assets? (Secindependent conditions in 5500-SF at 7b . 7c . 8a(1) . 8a(2) . 8b	instructions.) ,						
7 a b c 8 a b c	Were all of the plan's assets during the plan year invested in eligible at Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-48? (See instructions on waiver eligibility and if you answered "No" to either 6a or 6b, the plan cannot use Form Financial Information Plan Assets and Liabilities Total plan assets	assets? (See independent deconditions in 5500-SF at 75	(a) Beginning of Year 5,170,869 (a) Amount 280,485 218,089						
7 a b c 8 a b c d	Were all of the plan's assets during the plan year invested in eligible at Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and if you answered "No" to either 6a or 6b, the plan cannot use Form Financial Information Plan Assets and Liabilities Total plan assets	ssets? (Secindependent conditions in 5500-SF at 7a 7b 7c 8a(1) 8a(2) 8a(3) 8c 8d	instructions.) ,						
b 7 a b c 8 a b c d e f	Were all of the plan's assets during the plan year invested in eligible at Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-48? (See instructions on waiver eligibility and if you answered "No" to either 6a or 6b, the plan cannot use Form Financial Information Plan Assets and Liabilities Total plan assets	ssets? (Secindepender de conditions n. 5500-SF a. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d . 8e . 8f	(a) Beginning of Year 5,170,869 (a) Amount 280,485 218,089 0 (43,181)						
7 a b c 8 a b c d e f g	Were all of the plan's assets during the plan year invested in eligible at Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-48? (See instructions on waiver eligibility and if you answered "No" to either 6a or 6b, the plan cannot use Form Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e	(a) Beginning of Year 5,170,869 (a) Amount 280,485 218,089 (43,181)						
b 7 a b c 8 a b c d e f	Were all of the plan's assets during the plan year invested in eligible at Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-48? (See instructions on waiver eligibility and if you answered "No" to either 6a or 6b, the plan cannot use Form Financial Information Plan Assets and Liabilities Total plan assets	ssets? (Secindepender de conditions in 5500-SF and 550	(a) Beginning of Year 5,170,869 (a) Amount 280,485 218,089 (43,181)						

		Form 5500-SF 2011	Pa	ıge 2-		_				
Par	t IV	Plan Characteristics								· · · · · · · · · · · · · · · · · · ·
		plan provides pension benefits, enter the applicable pension featu 2A 2E 2F 2G 2J 3D plan provides welfare benefits, enter the applicable welfare featur								, <u>, , , , , , , , , , , , , , , , , , </u>
Pa	rt V	Compliance Questions					<u>.</u>	Adre		
10		ing the plan year:				Yes	No	Am	ount	
	Wa	s there a failure to transmit to the plan any participant contribution	s within the time perio	d described in			x			
h		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian re there any nonexempt transactions with any party-in-interest? (D			10a		. A			
IJ		ine floa.)		•	10b		x			
C	W	s the plan covered by a fidelity bond?			10c	х		********	3	500,000
d		the plan have a loss, whether or not reimbursed by the plan's fide		used by fraud						
	or	lishonesty?			10d		Х			
е		re any fees or commisions paid to any brokers, agents, or other p Irance services or other organization that provides some or all of t				x				10,951
_		ructions.)			10e	**	77			
Ť		the plan failed to provide any benefit when due under the plan?			10f		х			
g		the plan have any participant loans? (If "Yes," enter amount as of			10g	Х			Per established	L24,299
h		is is an individual account plan, was there a blackout period? (Se 0.101-3.)			10h		x			
i	If 1	Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one	of the		Ţ				
Par		Pension Funding Compliance						and colors and a color	-yazar masangy m	
11		nis a defined benefit plan subject to minimum funding requirement							∐Yes	<u>x</u> No
12		nis a defined contribution plan subject to the minimum funding req Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	uirements of section						Yes	x No
	. If a	waiver of the minimum funding standard for a prior year is being a nting the waiver	amortized in this plan	Moi				date of the let	~	
þ	En	er the minimum required contribution for this plan year 👡 👝 👝					12b			
C		er the amount contributed by the employer to the plan for this plan	•			$\cdot \mid$	12c	,		
d		otract the amount in line 12c from the amount in line 12b. Enter the artive amount)	e result (enter a minu:	s sign to the left of	'а • •		12d			
e	Wi	the minimum funding amount reported on line 12d be met by the	funding deadline? .					Yes	No	□N/A
Par	tVI	Plan Terminations and Transfers of Assets								-
13a		a resolution to terminate the plan been adopted in any plan year		* * * * * -		٠,			Yes	X No
	If "	'es," enter the amount of any plan assets that reverted to the emp	oloyer this year	w f x x y		<u>l</u>	13a			
b	of Life	re all the plan assets distributed to participants or beneficiaries, tr he PBGC?					trol		Yes	X No
-) Name of plan(s):	elementer Allei feringi enementer (1949-1977) et e			13	3c(2) E	IN(s)	13c(3)	PN(s)
		Action and the Control of the Contro					,			
					ļ					
	-a		Nu -		Щ.			_		
Und SB o	er per or Sch	A penalty for the late or incomplete filling of this return/report of alties of perjury and other penalties set forth in the instructions, is adule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	leclare that I have exc	mined this return	report/	, inclu	ding, if	applicable, a		······
72-14	GN		9/13/12	Kenneth Aus	Vin)	 }	411511	<u> </u>	
260,00	ERE	Signalure of plan administrator	Date	Enter game of in	7"1"	al sidr	าเกิฐ as	plan administ	rator	
S	GN	UN	9/13/12	Kenneth Aus						
1500000	ERE	Signature of employer/plan sponsor	Date	Enter name of in	dividu	al sign	ning as	employer or p	lan spor	sor