Fo	Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan						OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ				nd 4065 of the Employee	,	2	012	
	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).					This Form is	s Open to Public	
Pension E	Pension Benefit Guaranty Corporation Inspection						pection	
Part I		lentification Information		and and in a	0/04/	204.2		
	dar plan year 2012 or fisca N				2/31/2			
	eturn/report is for:		1 1 7 1	an (not multiemployer)		a one-particip	oant plan	
B This re	eturn/report is:		e final return/report					
-				n/report (less than 12 mo	onths)	-		
C Check	box if filing under:		utomatic extension			DFVC progra	m	
Dent II	Decis Dien Inform	special extension (enter description)						
Part II		nation—enter all requested information	on		1h	Three-digit		
1a Name LYMAN OR	THOPEDICS RETIREME	NT PLAN			10	plan number		
				-		(PN) 🕨	001	
					1c	Effective date of 01/01/	•	
	sponsor's name and addre	ess; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b	Employer Identif (EIN) 27-40		
1875 N. LA	KEWOOD DRIVE				2c	Sponsor's telep 208-758		
SUITE 200 COEUR D	ALENE, ID 83814				2d	Business code (62111		
3a Plan a	administrator's name and	address 🗙 Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	3b Administrator's EIN		
				-	3c	Administrator's t	elephone number	
4 If the name	name and/or EIN of the p e, EIN, and the plan numb	lan sponsor has changed since the last	t return/report filed fo	r this plan, enter the	4b	EIN		
	sor's name				4c	PN		
_		the beginning of the plan year			5a		2	
		the end of the plan year		-	5b		4	
		count balances as of the end of the pla			5c		4	
		uring the plan year invested in eligible					X Yes No	
b Are y	ou claiming a waiver of th	he annual examination and report of an See instructions on waiver eligibility and	independent qualifie	d public accountant (IQF	PA)		X Yes No	
If yo	u answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF a	and must instead use I	Form	5500.		
		incomplete filing of this return/repor						
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/va	lid electronic signature.	09/27/2013	JEFFREY LYMAN				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator	
SIGN	Filed with authorized/va	lid electronic signature.	09/27/2013	JEFFREY LYMAN				
HERE	Signature of employe		Date	Enter name of individu				
Preparer's	name (including firm nan	ne, if applicable) and address; include r	oom or suite number	· (optional)	Prep	parer's telephone	number (optional)	

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Part III Financial Information					(b) End of Veen
7 Plan Assets and Liabilities	7-	(a) Beginning of Yea			(b) End of Year
a Total plan assets	7a 7b		0		63082
 b Total plan liabilities c Not plan access (where the a 7b from line 7b) 	7b		0		0
C Net plan assets (subtract line 7b from line 7a)	7c		0		63082
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	4258	9		
(2) Participants	8a(2)	2005	3		
(3) Others (including rollovers)	8a(3)		0		
b Other income (loss)	8b	45	6		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				63098
d Benefits paid (including direct rollovers and insurance premiums					
to provide benefits)	8d		0		
e Certain deemed and/or corrective distributions (see instructions)	8e	(0		
f Administrative service providers (salaries, fees, commissions)	8f		0		
g Other expenses	8g	1	6		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				16
i Net income (loss) (subtract line 8h from line 8c)	8i				63082
j Transfers to (from) the plan (see instructions)	8j				
2E 2J 2K 2R b If the plan provides welfare benefits, enter the applicable welfare for	asture codes	from the Lint of Dian Charge	toriotio	Codos in th	e instructions:
Part V Compliance Questions		from the List of Plan Charac	tenstic		
0 During the plan year:				es No	Amount
	tions within th	ne time period described in			
During the plan year:a Was there a failure to transmit to the plan any participant contribution	tions within th uciary Correct ? (Do not incl	ne time period described in ion Program) ude transactions reported	Y	es No	
 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest 	tions within th uciary Correct ? (Do not incl	e time period described in ion Program) ude transactions reported	ТОа У	Yes No	
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.). 	tions within th uciary Correct ? (Do not incl fidelity bond,	the time period described in ion Program) ude transactions reported that was caused by fraud	10a 10b	Yes No	
 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's 	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefits	that was caused by fraud	<u>ү</u> 10а 10b 10с	Yes No X X X X	
 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of the plan that a loss is the plan that provides some or all of the plan that plan that provides some or all of the plan that plan the plan that plan	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefits	that was caused by fraud	10a 10b 10c 10d	Yes No X X X X X X	
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) 	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n?	that was caused by fraud	10a 10b 10c 10d 10d 10e 10f	Yes No X X X X X X X	
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 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction he required not	that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10d 10e 10f 10g	Yes No X X X X X X X X X X X X X X X X X X	
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.). f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.). i If 10h was answered "Yes," check the box if you either provided to 	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction he required not	that was caused by fraud y an insurance carrier, s under the plan? (See	10а 10b 10с 10с 10d 10е 10f 10g 10h	Yes No X X X X X X X X X X X X X X X X X X	
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 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction he required not 1-3	the time period described in ion Program)	10a 10b 10c 10d 10d 10d 10g 10g 10h 10g 10h	res No X X X X X X X X X X X X X	Amount
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? 	that was caused by fraud y an insurance carrier, ude trhe plan? (See 	Y 10a 10b 10c 10d 10d 10d 10d 10f 10g 10h 10i	Yes No X X	Amount
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction he required not 1-3	the time period described in ion Program)	Y 10a 10b 10c 10d 10d 10d 10d 10f 10g 10h 10i	Yes No X X	Amount
 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n?	the time period described in ion Program)	Y 10a 10b 10c 10d 10d 10d 10d 10d 10d 10d 10d 10d 10g 10h 10i or sect ctions, a	'es No X X X X X X X X X X X X X X X X X X X X Image: Checkule SB Image: Checkule SB Image: Checkule SB Ima	Amount (Form
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 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefits n? s of year end (See instruction he required not 1-3	the time period described in ion Program)	10a 10b 10c 10d 10f 10g 10h 10i or sect ctions, ath	Yes No X X X X X X X X X X X X X X X X X X X X X X X X Image: A state of the s	Amount Amount

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X No		
С	C 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.)						
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

5500-SF Electronic Filing Authorization

 Plan Name:
 LYMAN ORTHOPEDICS RETIREMENT PLAN

 EIN/PN:
 27-4082302/001

 Plan Year:
 01/01/2012 - 12/31/2012

I hereby authorize Magnuson, McHugh & Co, PA to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

Plan Sponsor

013

(sign)

(date)

	Form 5500-SF	Short Form Annual Ret Be	urn/Report o nefit Plan	f Small Employ	ee	OMB Nos. 1210-0110 1210-0089	
	Internal Revenue Service	This form is required to be filed u	nder sections 104 a	nd 4065 of the Employee	,	2012	
Empl	Department of Labor byee Benefits Security Administration	Retirement Income Security Act of 1		ection 6057(b) and 6058(This Form is Open to Public Inspection	
Pe	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.						
		dentification Information	01/01/2012	and ending	10	/31/2012	
	alendar plan year 2012 or fisc			and ending lan (not multiemployer)	<u></u>	1	
	·			an (not mutternployer)	L	a one-participant plan	
ΒΤ	his return/report is:		e final return/report				
an amended return/report a short plan year return/report (less than 12 r							
C c	heck box if filing under:		utomatic extension		L	DFVC program	
-		special extension (enter description)					
		mation enter all requested information	ation		46 -		
1a	1a Name of plan					Three-digit blan number	
	LYMAN ORTHOPEDICS RE	ETIREMENT PLAN				PN) ▶ 001	
						Effective date of plan	
2a	Plan sponsor's name and add LYMAN ORTHOPEDICS, 1	dress; include room or suite number (em LLC	ployer, if for a single	e-employer plan)	2b 1	Employer Identification Number EIN) 27-4082302	
	1975 N. Jakawand Dry	i wa				Sponsor's telephone number (208) 758-0719	
	1875 N. Lakewood Dr: SUITE 200	Lve				Business code (see instructions)	
	COEUR D ALENE	ID 83814				621111	
3a	Plan administrator's name an	d address X Same as Plan Sponsor I	Name 🔄 Same as I	Plan Sponsor Address	30	Administrator's EIN	
					3c /	Administrator's telephone number	
					41.		
4	If the name and/or EIN of the name EIN and the plan num	plan sponsor has changed since the las ber from the last return/report.	st return/report filed	for this plan, enter the	4b	EIN	
а	Sponsor's name				4c	PN	
		at the beginning of the plan year	******		5a	2	
		at the end of the plan year			5b	4	
C	• •	eccount balances as of the end of the pla	• •		5c	4	
		during the plan year invested in eligible			00	X Yes No	
	Are you claiming a waiver of	the annual examination and report of an (See instructions on waiver eligibility an	independent qualifie				
	If you answered "No" to eit	her line 6a or line 6b, the plan cannot		,			
Ca	ution: A penalty for the late of	or incomplete filing of this return/rep	ort will be assesse	d unless reasonable ca	use is	established.	
SB	der penalties of perjury and ot or Schedule MB completed a lef, it is true , c orrect, and com	her penalties set forth in the instructions nd signed by an enrolled actuary, as we plete.	, I declare that I hav Il as the electronic v	e examined this return/re ersion of this return/repo	eport, ir rt, and	ncluding, if applicable, a Schedule to the best of my knowledge and	
1.194		:		JEFFREY LYMAN			
31 54 64	GN ERE Signature of plan adm	inistrator	Date		al signi	ng as plan administrator	
		וווסנומנעו			a oigini	ng ao pian daninatiatan	
1.2.2.2.2.2.2	GN ERE Signature of employer	inlan sponsor	Date	Enter name of individua	al signi	ng as employer or plan sponsor	
		name, if applicable) and address; include		A second s	· · · · · · · · · · · · · · · · · · ·	arer's telephone number (optional)	
Fo	r Paperwork Reduction Act I	Notice and OMB Control Numbers, se	e the instructions	for Form 5500-SF.	1999	Form 5500-SF (2012) v.120126	

Part III Financial Information

۲d			(a) Beginning of Year		(b) End of Year				
7	Plan Assets and Liabilities	中国政治管理							
a	Total plan assets	7a			+	63,082			-
	Total plan liabilities	7b				0			
	Net plan assets (subtract line 7b from line 7a)	7c					(1-) 7-	63,08	2
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
u	(1) Employers	8a(1)	42,589						
	(2) Participants	8a(2)	20,05	3					
	(3) Others (including rollovers)	8a(3)		0				an a	
b	Other income (loss)	8b	45	6	1180年 1185年				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80			S N KATU BOOM	and the second second	trestone montester.	63,09) 8 790 (2010) (2010)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					
e	Certain deemed and/or corrective distributions (see instructions)			0	调整	na selani Selan selani			
f	Administrative service providers (salaries, fees, commissions)	01		0				l an an Iona ann an Aona An Aonaichte an Aonaichte	なた時に対
g	Other expenses	8g	1	.6		影响机			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			14.02-17			1	.6
i	Net income (loss) (subtract line 8h from line 8c)	8i			装 形式			63,08	12
j	Transfers to (from) the plan (see instructions)	. 8j	<u></u>		開始に				
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension f 2E 2J 2K 2R	eature cod	es from the List of Plan Charact	teristi	c Cod	es in t	he instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Characte	ristic	Code	s in th	e instructio	ns:	
(Treffice)	20122-05121								
	Int V Compliance Questions				I		T		
<u>10</u>	During the plan year:				Yes	No		mount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		x			
b									
	on line 10a.)			10b		x			
C				10c		x			
d	or dishonesty?			10d		x			
е	Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all	her persor	is by an insurance carrier,						
	instructions.)			10e		x			
f	Has the plan failed to provide any benefit when due under the pla			10f		x			
				10g		x			
<u>g</u> h	I If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR			<u> </u>			Staines Staines Staines
	2520.101-3.)			10h		x	13.11.11.11.11.11.11.11.11.11.11.11.11.1	ana ya shikada Walio tar	
I	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Pa	rt VI Pension Funding Compliance							r	
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11	a Enter the amount from Schedule SB line 39		****	••••••		11a			
12	Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the Code	or se	ction 3	302 of	ERISA?	Yes 🛛	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as applie	cable.)						
a		ing amortiz	zed in this plan year, see instruc	tions	, and (enter t Da	he date of t	he letter rulii Year	1g
	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Foi	m 5500), and skip to line 13.						
k	Enter the minimum required contribution for this plan year					12b			

Form 5500-SF 2012

		T					
С	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	🗌 No	🗌 N/A		
Part							
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b					X No		
C							
	13c(1) Name of plan(s): 13	c(2) EIN	(s)	13c(3) PN(s)		
a.conta							
Parl	VIII. Trust Information (optional)						

14a Name of trust	14b Trust's EIN					
	1					