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

2012

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF

		7 Complete an entires in acc	ordanoc with the mone	dollong to the Form ood	0 01 .			
Part I		lentification Information						
For calend	ar plan year 2012 or fisc	al plan year beginning 01/01/2	012	and ending	12/31/2	2012		
A This re	turn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-participant plan			
B This ref	turn/report is:	the first return/report	the final return/report	t				
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths))		
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	m	
		special extension (enter descri	otion)			_		
Part II	Basic Plan Inform	mation—enter all requested info	rmation					
1a Name		·			1b	Three-digit		
ITHACA OR	THOPAEDIC GROUP P	C 401(K) PLAN				plan number	004	
					4.0	(PN) •	001	
					10	Effective date of 09/01/	•	
2a Plan s	nonsor's name and addr	ess; include room or suite number	(employer if for a single	e-employer plan)	2h	Employer Identif		
	THOPAEDIC GROUP P		(ciriployor, ii for a sirigit	o employer plany	2.0	(EIN) 16-14		
					2c	Sponsor's telep	hone number	
10 BRENTV	VOOD DRIVE					607-266		
ITHACA, NY	7 14850				2d	Business code (see instructions)	
						62111	1	
3a Plan a	dministrator's name and	address XSame as Plan Sponso	or Name Same as Pla	an Sponsor Address	3b	Administrator's I	ΞIN	
					30	Administrator's t	elephone number	
					30	Administrator 5 t	elepriorie riumbei	
		plan sponsor has changed since the	ne last return/report filed	for this plan, enter the	4b	EIN		
		per from the last return/report.			4c	PN		
	or's name	t the beginning of the plan year				PN T	20	
_		the end of the plan year			5a 5b		28	
		count balances as of the end of the			ac		26	
		balances as of the end of the		•	5с		26	
6a Were	all of the plan's assets of	during the plan year invested in eli	gible assets? (See instru	ıctions.)			X Yes No	
		ne annual examination and report						
	`	See instructions on waiver eligibil	,				X Yes No	
		er line 6a or line 6b, the plan ca						
		incomplete filing of this return/					abla a Cabadula	
		r penalties set forth in the instruct signed by an enrolled actuary, as						
	true, correct, and comple			•	•	,	J	
CION	Filed with authorized/va	alid electronic signature.	10/14/2013	J. KHRISTINE ERCUI	MS E	PDΛ		
SIGN HERE					,			
	Signature of plan administrator Date Enter name of individu		uai sig	gning as plan adn	ninistrator			
SIGN HERE								
	Signature of employe		Date	Enter name of individ				
Preparer's	name (including firm nar	me, if applicable) and address; inc	lude room or suite numb	er (optional)	Prep	parer's telephone	number (optional)	

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Dor	t III Financial Information									
<u> </u>			(a) Beginning of Ves		1		(h) End of Voor			
	Plan Assets and Liabilities	7-	(a) Beginning of Yea			(b) End of Yea				
	Total plan assets	7a 7b	272697	7			3293117			
	Net plan assets (subtract line 7b from line 7a)	76 7c	272697	77	-		3293117			
		76		1	-					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total					
	(1) Employers									
	(2) Participants	8a(2)	13524	14						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	39577	7 4						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					595446			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2930)6						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					29306			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					566140			
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a										
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:			
Part	Part V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х				
b		? (Do not	include transactions reported	10b		X				
C	Was the plan covered by a fidelity bond?			10c	X		20000			
d				100			300000			
	or dishonesty?			10d		X				
е	insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ				
g							04000			
h					X	X	21263			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10h						
Dort	1 1 5 11	1-3		10i						
Part VI Pension Funding Compliance 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)										
11a	Enter the amount from Schedule SB line 39					11a				
12										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
b	Enter the minimum required contribution for this plan year					12b				

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	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	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

OMB Nos. 1210-0110 Short Form Annual Return/Report of Small Employee Form 5500-SF 1210-0089 **Benefit Plan** Department of the Treasury Internal Revenue Service 2012 This form is required to be filed under sections 104 and 4085 of the Employee Department of Linbor Employee Bonerica Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of This Form is Open to Public the Internal Revenue Code (the Code). Inspection Pension Banafit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF Annual Report Identification Information Part I 01/01/2012 end ending 12/31/2012 For calendar plan year 2012 or fiscal plan year beginning X a single-employer plan a multiple-employer plan (not multiemployer) e one-participant plan A This return/report in far: the final return/report the first return/report B This return/report is: an amended return/report a short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II | Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number ITHACA ORTHOPAEDIC GROUP PC 001 (PN) 🕨 401(k) PLAN Effective date of plan 09/01/1996 22 Plan aponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 16-1464929 ITHACA ORTHOPAEDIC GROUP PC 2c Sponsor's telephone number (607) 266-0073 10 BRENTWOOD DRIVE 2d Business code (see Instructions) 621111 NY 14850 ITHACA 3b Administrator's EIN 3a Plan administrator's name and address XSame as Plan Sponsor Name | Same as Plan Sponsor Address 3c Administrator's telephone number If the name and/or EIN of the plan aponaar has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 28 5a Total number of participants at the beginning of the plan year..... 5a 26 5b b Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not 26 5c No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Are you claiming a waiver of the annual examination and report of an Independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete fiting of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the beat of my knowledge and fid complete. bellef, it is true, correct ELDRIDGE T. ANDERSON, TRUSTEE SIĞN HERE Enter name of individual signing as plan administrator rtininistrato Signature LIDRIDGE T. ANDERSON, TRUSTEE SIGN HERE **'**D Enter name of individual signing as employer or plan aponsor Signature of employer/plan sponsor Date Proparer's name (including firm name) if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yes	a) Beginning of Year			(b) End of Year			
a	Total plan assets	7a	2,72		77		(-)		93,117	
<u>b</u>	Total plan liabilities	7b			┰	-	****			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	2,72	2,726,977			77 3,293,11			
8							(p)	Total	•	
а	Contributions received or receivable from:						<u>, , , , , , , , , , , , , , , , , , , </u>			
	(1) Employers									
	(2) Participants					·				
_	3) Others (including rollovers)									
	Other income (loss)	8b	39.	5,77						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-			59	95,446	
	to provide benefits)	8d	2:	9,30	06					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g						and Alexander		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	29,306	
	Net income (loss) (subtract line 8h from line 8c)	8i			\neg				66,140	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics						· · · · .	****		
9a	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Chan	acteris	stic Co	odes in	the instru	ctions:		
	2E 2G 2J 2K 3D 2A	<u> </u>								
Ь	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Charac	cterist	ic Coc	les in t	he instruc	tions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No	Γ	A		
	Was there a failure to transmit to the plan any participant contribu				.00			Amount		
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						l				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ection Program)	10a		х				
b		ciary Corre	ection Program)	10a 10b		x x				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ciary Corre ? (Do not in	action Program)		х			3	00,000	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre (Do not in	action Program) actions reported	10b 10c	х	Х		3	00,000	
c	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre ? (Do not in	d, that was caused by fraud	10b	Х			3	00,000	
c	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	(Do not in fidelity bonour persons of the benefit	d, that was caused by fraud by an insurance carrier, lits under the plan? (See	10b 10c	Х	Х		3	00,000	
c	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	(Do not in fidelity bonner persons of the benefited in the control of t	d, that was caused by fraud by an insurance carrier, lits under the plan? (See	10b 10c 10d	х	x x		3:	00,000	
d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bon	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f		x				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bon for persons fithe benefith	d, that was caused by fraud by an insurance carrier, lits under the plan? (See	10b 10c 10d	x	x x			00,000	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bon er persons of the benefin? s of year er	d, that was caused by fraud by an insurance carrier, lits under the plan? (See	10b 10c 10d 10e 10f		x x				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduliance Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bon fidelity bon for persons of the benefit s of year er (See instruc-	d, that was caused by fraud by an insurance carrier, lits under the plan? (See	10b 10c 10d 10e 10f 10g		x x x				
e f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduliance Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bon fidelity bon for persons of the benefit s of year er (See instruc-	d, that was caused by fraud by an insurance carrier, lits under the plan? (See	10b 10c 10d 10e 10f 10g		x x x				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduliance) Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bon er persons of the benefits s of year er (See instruction er required 1-3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g 10h	X	X X X X	3 (Form		21,263	
e f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduliance) Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bon er persons of the benefit s of year er (See instruc-	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10f 10g 10h 10i	X	X X X X	3 (Form			
e f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bon fidelity bon firer persons of the benefit s of year er (See instruc- ne required 1-3	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X Iule SE			21,263 ⊠No	
c d e f g h i 111111111111111111111111111111111	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bon er persons of the benefit s of year er (See instruction er required 1-3	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X tule SE		Yes	21,263 X No	
c d e f g h 11 11a 11a 12	Were there any nonexempt transactions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bon er persons of the benefit s of year er (See instruct ne required 1-3	d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) ctions and 29 CFR notice or one of the es," see instructions and com at of section 412 of the Code ble.) d in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i	X Schec	X X X X 11a 302 of	ERISA?	Yes	21,263 XNo	
c d e f g h 11 11a 11a 12	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bon er persons of the benefin? s of year er (See instruction er required 1-3 ents? (If "Y	ction Program)	10b 10c 10d 10e 10f 10g 10h 10i	X Schec	X X X X Autor State SE	ERISA?	Yes The letter ro	21,263 XNo	
e f g h i l l l l l l l l l l l l l l l l l l	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduliance Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bon er persons of the benefit s of year er (See instruc- ne required 1-3	d, that was caused by fraud by an insurance carrier, lits under the plan? (See ad.) ctions and 29 CFR notice or one of the es," see instructions and com at of section 412 of the Code ble.) d in this plan year, see instructions and skip to line 13.	10b 10c 10d 10e 10f 10g 10h 10i plete or se	X Schec	X X X X Autor State SE	ERISA?	Yes The letter ro	21,263 XNo	

	!				
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C 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 negative amount)	result (enter a minus sign to the left o	í a	12d		
e Will the minimum funding amount reported on line 12d be met by the				Yes	No N/A
Part VII Plan Terminations and Transfers of Assets					<u> </u>
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 emp	· · · · · · · · · · · · · · · · · · ·		13a		
b Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	ansferred to another plan, or brought u	nder the c	ontrol		∏ Yes ⊠ No
c If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)					
13c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)
Part VIII Trust Information (optional)	•				
14a Name of trust					
	<u> </u>				