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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calend	ar plan year 2012 or f	iscal plan year beginning 01/01/2	013	and ending	08/20/	2013				
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	oant plan			
B This ref	turn/report is:	the first return/report	the final return/report		_					
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)				
C Check	box if filing under:			DFVC progra	m					
	· ·	special extension (enter descrip	otion)			_				
Part II	Basic Plan Info	ormation—enter all requested info	rmation							
1a Name					1b	Three-digit				
	THOPAEDIC GROUP	P PC 401(K) PLAN				plan number				
						(PN) •				
					1C	Effective date or	•			
2a Plan s	ponsor's name and a	ddress; include room or suite number	(employer, if for a single	-employer plan)	2b					
ITHACA OR	THOPAEDIC GROUI	PPC				(=114)				
					2c		rogram outer of plan 9/01/1996 dentification Number 6-1464929 elephone number 7-266-0073 ode (see instructions) 21111 or's EIN or's telephone number 26 0 X Yes No X Yes No I. opplicable, a Schedule f my knowledge and			
10 BRENWO	OOD DRIVE				24					
ITHACA, NY	′ 14850				124					
3a Plan a	dministrator's name a	nd address Same as Plan Sponso	r Name Same as Pla	n Sponsor Address	3b	Administrator's I	621111 nistrator's EIN			
					30	Administrator's t	elephone number			
					30	Administrators	elephone number			
4 If the name and/or EIN of the plan sponsor 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. a Sponsor's name					4c	4c PN				
		s at the beginning of the plan year			5a	a 2				
b Total i	number of participants	s at the end of the plan year					0			
		account balances as of the end of th			-		<u>~</u>			
	· · · · · · · · · · · · · · · · · · ·				. 5c					
		ts during the plan year invested in eli					X Yes No			
		of the annual examination and report 6? (See instructions on waiver eligibili					X Yes □ No			
		either line 6a or line 6b, the plan ca								
Caution: A	A penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable ca	use is	established.				
		ther penalties set forth in the instructi					able, a Schedule			
	edule MB completed a true, correct, and com	and signed by an enrolled actuary, as	well as the electronic ve	rsion of this return/repor	t, and	to the best of my	knowledge and			
DONOT, IC 10	· · ·	·	<u> </u>	1						
SIGN HERE	Filed with authorized	I/valid electronic signature.	10/14/2013	J. KHRISTINE ERCU	MS, E	RPA				
HEKE	Signature of plan	administrator	Date	Enter name of individ	dual si	gning as plan adn	ninistrator			
SIGN										
HERE	Signature of emple		Date		_					
Preparer's	name (including firm	name, if applicable) and address; inc	lude room or suite numbe	er (optional)	Prep	parer's telephone	number (optional)			

Form 5500-SF 2012 Page **2**

Par	t III Financial Information								
		·							
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year		
	Total plan assets	7a	329311	7			0		
	Total plan liabilities	7b 7c	200244	7					
	Net plan assets (subtract line 7b from line 7a)	329311	1			0			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
а	(1) Employers	8a(1)	644	.4					
	(2) Participants	8a(2)	1076	67					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	. 8b	31453	34					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					331745		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	362486	62					
е	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					3624862		
i	Net income (loss) (subtract line 8h from line 8c)	8i					-3293117		
	Transfers to (from) the plan (see instructions)	8i							
Par	t IV Plan Characteristics	<u> </u>	l						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	ic Cod	les in t	he instructions:		
_	W 0 11 0 11								
Part	•								
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono withi	n the time period described in		Yes	No	Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X		300000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)	of the bene	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	and)			X			
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g 10h		X			
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3								
Part	1 1 0 11			10i					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a	Enter the amount from Schedule SB line 39					11a			
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	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 Schedul	e MB (For	m 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year	<u></u>				12b			
	·			_			·		

	Form 5500-SF 2012 Page 3 - 1				
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 '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	res 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		X Yes	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):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

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 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of December of Labor This Form is Open to Public Employee Benefits Security Administration the Internal Revenue Code (the Code). Inspection Pension Benefit Gunranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF Annual Report Identification Information 08/20/2013 01/01/2013 For calendar plan year 2012 or fiscal plan year beginning a single-employer plan a multiple-employer plan (not multiomployer) e one-participant plan A This return/report is for: This return/report is: the first return/report the final return/report a short plan year return/report (leas than 12 months) an amended return/report ☐ 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 16 Three-digit 1a Name of plan plan number ITHACA ORTHOPAEDIC GROUP PC 001 (PN) ▶ 401(k) PLAN Effective date of plan 09/01/1996 28 Plan sponsor'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 BRENWOOD DRIVE SUITE B ITHACA Business code (see instructions) 621111 NY 14850 3a Plan administrator's name and address XSame as Plan Sponsor Name ☐ Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor 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 26 5a Total number of participents at the beginning of the plan year 5a 0 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 0

If you enswered "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 filing of this return/report will be assessed unless reasonable cause is established.

under 29 CFR 2520,104-467 (See instructions on waiver eligibility and conditions.).....

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.	1180/1	10/10/13	ELDRIDGE T. ANDERSON, TRUSTEE
HERE	Signature of plan administrator	Date	Enter name of Individual signing as plan administrator
SIGN	1/10/11/	10/10/13	ELDRIDGE T. ANDERSON, TRUSTEE
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's	name (including film/name, if applicable) and address	s; include room or suite number	r (optional) Preparer's telephone number (optional)
	V		
1			·

X Yes

X Yes ∏No

No

Do	rt III Financial Information												
7	Plan Assets and Liabilities					(b) End of Year							
' a	Total plan assets	7a	3,293							0			
	Total plan liabilities	7b											
	Net plan assets (subtract line 7b from line 7a)	7c	3,293	3.11	7					0			
8	Income, Expenses, and Transfers for this Plan Year	1 7	†	,	╫			<u>_</u>					
a	Contributions received or receivable from:		(a) Amount	(a) Amount					(b) Total				
	(1) Employers	8a(1)	(5,44	4								
	(2) Participants	8a(2)	10	7,76	57								
	(3) Others (including rollovers)	8a(3)											
ь	Other income (loss)	8b	314	4,53	34								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-					331	.,745			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	3,624	1,86	52								
е	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						3,	624	,862			
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						(3,2	293,	117)			
丁	Transfers to (from) the plan (see instructions)	8j			\top								
Pa	rt IV Plan Characteristics	<u> </u>											
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D	feature co	odes from the List of Plan Chan	acteris	stic Co	des in	the instru	ctions:					
b		eature cod	les from the List of Plan Charac	cterist	ic Co	les in t	he instruc	tions:					
Par	t V Compliance Questions												
10					Yes	No	ı	•					
	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described i					140	 	Amou	ınt				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				<u> </u>	Х				 			
	on line 10a.)	•	·	10b		х							
_				10c	х				300	0,000			
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	and, that was caused by fraud		Ĥ	х			300	<i>3</i> ,000			
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or other			10d	-	<u> </u>							
•	 Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all 												
	instructions.)			10e		Х							
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		х							
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g		Х							
1	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х		- "					
<u> </u>	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i									
Par					<u> </u>		1						
11	Is this a defined benefit plan subject to minimum funding requirem							Тп	/oe	X No			
44	5500) and line 11a below)							· L L L '		1,10			
	a Enter the amount from Schedule SB line 39								✓ No.				
12									MNO				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is being	ng amortiz	zed in this plan year, see instru		, and	_			er ruli	ng			
	granting the waiver					Day		Year					
	Enter the minimum required contribution for this plan year				Т	12b	1						

	For	rm 5500-SF 2012 Page	• 3 - [
		the amount contributed by the employer to the plan for this plan year						12c				
a		act the amount in line 12c from the amount in line 12b. Enter the result (enter a second)						12d				
е	Will the	e minimum funding amount reported on line 12d be met by the funding deadli	ne?						Y	es	No	□ N/A
Part	VII	Plan Terminations and Transfers of Assets										
13a	Has a r	resolution to terminate the plan been adopted in any plan year?	•••••					X	Yes [No		
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year				•••••		13a				0
b		all the plan assets distributed to participants or beneficiaries, transferred to an PBGC?									X Yes	No No
C		ng this plan year, any assets or liabilities were transferred from this plan to an assets or liabilities were transferred. (See instructions.)	other p	plan(s	s), ident	ify the	plan(s) t	x 0				
1	3c(1) N	Name of plan(s):					13	3c(2) E	EIN(s)		13c(3) PN(s)
Part	VIII 1	Trust Information (optional)										
14a Name of trust				14b Trust's EIN								
							ļ					