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 section 6058(a) of the Internal Revenue Code (the Code).

2009

OMB Nos. 1210-0110

1210-0089

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

This Form is Open to Public Inspection

_		Identification Information				
For	r calendar plan year 2009 or fi		_	and oneng	12/31/2	<u> </u>
Α	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for:	first return/report	final retur	n/report		
		an amended return/report	short plan	year return/report (less than 12 mg	onths)	_
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program
		special extension (enter descrip	otion)			
Pa	art II Basic Plan Info	ormation—enter all requested info	rmation			·
	Name of plan				1b	Three-digit
HAR	RBOR ORTHOPEDIC AND FE	RACTURE CLINIC, PLLC 401(K) PRO	JFII SHARIN	IG PLAN		plan number (PN) • 001
					1c	Effective date of plan
						12/31/1988
		ddress (employer, if for single-employ	er plan)		2b	Employer Identification Number
HAR	RBOR ORTHOPEDIC AND FF	RACTURE CLINIC, PLLC			2c	(EIN) 91-1709762 Plan sponsor's telephone number
	1 SKYVIEW DRIVE					360-532-3808
ABE	RDEEN, WA 98520				2d	Business code (see instructions)
32	Plan administrator's name o	nd address (if same as Plan sponsor	enter "Samo	,"\	3h	621111 Administrator's EIN
	RBOR ORTHOPEDIC AND FF	RACTURE CLIN 1211 SKY	VIEW DRIVE	,	35	91-1709762
		ABERDEE	N, WA 98520)	3с	Administrator's telephone number
	If the name and/or EIN of the	plan sponsor has changed since the	last roturn/ro	part filed for this plan, optor the	4h	360-532-3808 EIN
		nber from the last return/report. Spon		port filed for this plan, enter the	40	EIN
					4c	PN
5a	Total number of participants	at the beginning of the plan year			5a	18
b		s at the end of the plan year			5b	18
С		s with account balances as of the end			5c	18
6a	•	s during the plan year invested in elig			100	X Yes No
b		of the annual examination and report	-		(PA)	
		? (See instructions on waiver eligibility)	•	· ·		Yes No
Pa	art III Financial Infor	either 6a or 6b, the plan cannot use mation	Form 5500-	SF and must instead use Form 5	000.	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
a			7a	145238	8	1983956
b	•					
С	Net plan assets (subtract lin	ie 7b from line 7a)	7c	145238	8	1983956
8	Income, Expenses, and Tra	nsfers for this Plan Year		(a) Amount		(b) Total
а			5 (1)	44000		
	(-)			11368	_	
	` '	l		5646	3	
h	, ,	ers)	, ,	36581	2	
b	(,	1), 8a(2), 8a(3), and 8b)		30301	_	535961
c d	. ` ` `	ect rollovers and insurance premiums	00			333901
-			8d		_	
е	Certain deemed and/or corr	ective distributions (see instructions)	8e			
f	Administrative service provi	ders (salaries, fees, commissions)	8f	439	3	
g	Other expenses		8g			
h	Total expenses (add lines 8	d, 8e, 8f, and 8g)	8h			4393
į	` , `	line 8h from line 8c)				531568
j	Transfers to (from) the plan	(see instructions)	···· 8j			

Part IV	Plan Characteristics	

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2H 2J 2R 3H

D .	11 1110	plan provides wellare benefits, effect the applicable wellare feati	ure codes from the	List Of Flatt Chara	Cleris	lic Cot	ues III	uie iiisuut	Juoris.	
Part	٧	Compliance Questions								
10	Dur	ng the plan year:				Yes	No		Amoun	t
а		there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian			10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Dine 10a.)			10b		X			
С	Wa	s the plan covered by a fidelity bond?			10c	X				150000
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?	•	•	10d		X			
	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of th uctions.)	e benefits under the	e plan? (See	10e		X			
f	Has	the plan failed to provide any benefit when due under the plan? .			10f		X			_
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			
h		s is an individual account plan, was there a blackout period? (Sec			10h		X			
i		th was answered "Yes," check the box if you either provided the resptions to providing the notice applied under 29 CFR 2520.101-3.			10i		X			
Part '	۷I	Pension Funding Compliance								
11	ls th 550	is a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see ins	tructions and com	plete	Sched	lule SE	3 (Form	Ye	es X No
12	ls t	nis a defined contribution plan subject to the minimum funding req	uirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	es X No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,							
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.								
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule Mi					Day		Teal	
		r the minimum required contribution for this plan year		-			12b			
		r the amount contributed by the employer to the plan for this plan				1	12c			
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the	result (enter a min	us sign to the left	of a		12d			
е	Will	the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No	N/A
Part \	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					ΠYe	es X No
	If "Y	es," enter the amount of any plan assets that reverted to the empl	lover this vear				13a			
	Wer	e all the plan assets distributed to participants or beneficiaries, tra					ontrol	•	Ye	es X No
		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to	1			
13	3c(1	Name of plan(s):				13	c(2) El	N(s)	13c	(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	unless reasonab	le cau	ıse is	establ	ished.	1	
Under SB or	per Sch	alties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have	examined this retu	ırn/rep	oort, in	cludin	g, if applic		
SIGN	F	led with authorized/valid electronic signature.	10/12/2010	GREGORY K. MA	ΑY					
HERE	- Г	Signature of plan administrator	Date	Enter name of in	ndividi	ual sig	ning as	s plan adn	ninistrator	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open

-	nsion Benefit Guaranty Corporation Complete all entries in accordance with the	e instruct	ions to the	Form 5500-SF.	to Public Ir	spection
	art I Annual Report Identification Information				2/21/200	0
For A	calendar plan year 2009 or fiscal plan year beginning 01/01/2009 This return/report is for: x single-employer plan multiple-em				2/31/200 one-participant	
B	H,		an (not mu	tiemployer)	j one-participant	pian
0	· H · H	•	n/ranari (la	ss than 12 month	۵۱	
С	Check box if filing under: X Form 5558 automatic	•		ss than 12 month	DFVC program	
	special extension (enter description)	exterision		L) DrvC program	
Ps	rt II Basic Plan Information - enter all requested information		,			
_	Name of plan		1	b Three-digit		·
	RBOR ORTHOPEDIC AND FRACTURE CLINIC, PL	.T.C	1	plan number (PN)	001
	1(K) PROFIT SHARING PLAN	, <u></u>	T	C Effective date	of plan	
-10	I (III) I IIII I IIIII I IIII		'		1/1988	
<u></u>	Plan sponsor's name and address (employer, if for single-employer plan)		12	2b Employer Ider		er (EIN)
	RBOR ORTHOPEDIC AND FRACTURE CLINIC, PL	LC			709762	(,
			2	C Plan sponsor		ber
12	11 SKYVIEW DRIVE				532-3808	
			2	2d Business cod		
AB	ERDEEN WA 98520			6211	_ · ·	·
	Plan administrator's name and address (If same as Plan sponsor, enter "Same	e°)	3	Bb Administrator	's EIN	
SA	ME		L			
			3	C Administrator	's telephone num	nber
4 1	the name and/or EIN of the plan sponsor has changed since the last return/re	port filed	for this	lb ein		
þ	olan, enter the name, EIN, and the plan number from the last return/report.	Sponsor's	name _	···		
			4	ic pn		
5a	Total number of participants at the beginning of the plan year			5a	18	
b	Total number of participants at the end of the plan year		<u>[</u>	5 b	18	
С	Total number of participants with account balances as of the end of the plan	year (defi	,	_		
	benefit plans do not complete this item)			ic	18	
	Were all of the plan's assets during the plan year invested in eligible assets? (X Ye:	s 📙 No
þ	Are you claiming a waiver of the annual examination and report of an indepen					П
	(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and				X Ye:	s [] No
_	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-S	SF and m	ust instead	l use <u>Form 5500.</u>		
_	rt III Financial Information		(a) Da =		(h) F-4	-
7	Plan Assets and Liabilities	\ _ _+	(a) Begi	nning of Year	(b) End (
a b	Total plan assets	r —		1452388	-	<u> 1983956</u>
C	Total plan liabilities			1452388		1983956
	Net plan assets (subtract line 7b from line 7a)	. 7c	(0)	Amount	(b) To	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	 -	(4)	AIIUUIII	(0) 10	<u> </u>
а		00(4)		113686		
	(1) Employers			56463	1	
	(2) Participants (3) Others (including rollovers)	1		20403	1	
h	Other income (loss) SEE STATEMENT 1	. 8b		365812	1	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		-			535961
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)					
е	Certain deemed and/or corrective distributions (see instructions)		*******		1	
f	Administrative service providers (salaries, fees, commissions)			4393	STATEME	NT 2
g	Other expenses					
h						4393
i	Net income (loss) (subtract line 8h from line 8c)	8i				531568

Transfers to (from) the plan (see instructions)

Form 5500-SF (2009)	Form	5500-SF	(2009)
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CS

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2H 2J 2R 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:

Part	V Compliance Questions								
0	During the plan year:				Yes	No		Amount	
a	Vas there a failure to transmit to the plan any participant o	contributions within the ti	me period described						
į	n 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fiduciary Cor	rection Program.)	10a		X			
b '	Vere there any nonexempt transactions with any p	arty-in-interest? (Do no	t include						
	ransactions reported on line 10a.)		***************************************	10b		X	_		
C	Nas the plan covered by a fidelity bond?			10c	X		_	1	50000
d	Did the plan have a loss, whether or not reimbursed	d by the plan's fidelity l	cond, that						
	was caused by fraud or dishonesty?			10d		X			
0	Nere any fees or commissions paid to any brokers,	agents, or other perso	ons by an insurance						
	carrier, insurance service or other organization that	provides some or all o	f the benefits under						
	he plan? (See instructions.)			10e		x			
	las the plan failed to provide any benefit when due			10f		Х			
	Did the plan have any participant loans? (If "Yes," e			10g		X			
_	f this is an individual account plan, was there a bla								
	and 29 CFR 2520.101-3.)			10h	i	х			
	f 10h was answered "Yes," check the box if you eit								
	of the exceptions to providing the notice applied ur			10i		x			
Part				1.0.	ı				
	s this a defined benefit plan subject to minimum fu	nding requirements? (f "Yes " see instruction	ns and	comp	ete		-	
	Schedule SB (Form 5500))							Yes	X No
-	s this a defined contribution plan subject to the mi							, ,	<u> </u>
	section 302 of ERISA? (If "Yes," complete 12a or 12							Yes	X No
	f a waiver of the minimum funding standard for a p							_	_
	uling granting the waiver.					/		Year	
	our completed line 12a, complete lines 3, 9, and					′ —			
	Enter the minimum required contribution for this pla	· ·				12b			
	Enter the minimum required contribution for this planter the amount contributed by the employer to the	•				12c			
	Subtract the amount in line 12c from the amount in					120			
			•			404			
	he left of a negative amount)					12d	es	No	N/A
<u>Parl</u>	Will the minimum funding amount reported on line 1 VII Plan Terminations and Transfer		ing deadimer				62	1140	I IN/A
								Yes	X No
	las a resolution to terminate the plan been adopte					13a		<u> res</u>	טאו נאנו
-	f "Yes," enter the amount of any plan assets that re					13a			
	Were all the plan assets distributed to participants		•		_			п.,	G
	under the control of the PBGC?		•					Yes	X No
	f during this plan year, any assets or liabilities were	transferred from this p	plan to another plan(s),	identii	y the	olan(s)	to which	assets or	
	abilities were transferred. (See instructions.)					=	1		
13	c(1) Name of plan(s):		-		13C(2)	EIN(s)	-+	13c(3)	PN(S)
							1		
			_				-		
							İ		
Cauti	on: A penalty for the late or incomplete filing of	this return/report will	be assessed unless r	eason	able c	ause	is establi	shed	
	nalties of perjury and other penalties set forth in the instructions, I of an enrolled actuary, as well as the electronic version of this return/						or Schedule	MB complete	ad and
	1 //	1 /							
SIGN	K Mh.	מוחר לכו /01	GREGORY K.	MAY					
HERE	Signature of plan administrator	Date	Enter name of individu	al sign	ning as	plan a	administra	ator	
	 								
SIGN									
IERE	Signature of employer/plan sponsor	Date	Enter name of individu	ıal sior	ning as	emple	over or pl	an sponso	or
	a-10	1		9.				- ,	

FORM 5500-SF	OTHER INCOME (LOSS)	STATEMENT	1			
DESCRIPTION		AMOUNT				
OTHER INTEREST UNREALIZED APPRECIA	ATION (DEPR.) ON OTHER ASSETS	3269 33312				
TOTAL TO FORM 5500	-SF, LINE 8B	36583	12.			
FORM 5500-SF	ADMINISTRATIVE SERVICE PROVIDERS	STATEMENT	2			
DESCRIPTION		AMOUNT				
TNVRSTMENT ADVISOR	Y AND MANAGEMENT FEES	439	3.			
111111111111111111111111111111111111111	TOTAL TO FORM 5500-SF, LINE 8F					