	Form 5500-SF		Report of Small Employ	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe				2010				
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	(ERISA), and section 6058(a) of the Code (the Code).	the This Form is Open to Pu						
Р	ension Benefit Guaranty Corporation	Inspection 00-SF.								
	Periodic Density Composition       Complete all entries in accordance with the instructions to the Form 5500-SF.         Part I       Annual Report Identification Information									
For	calendar plan year 2010 or fisca	7 0 0		and ending 0 mployer plan (not multiemployer)	7/31/2					
Α	This return/report is for:	single-employer plan	one-participant plan							
B	This return/report is for:	first return/report	final retur	•						
		an amended return/report	year return/report (less than 12 mor							
C	C Check box if filing under:									
r		special extension (enter descriptio								
	Part II Basic Plan Information—enter all requested information									
	Name of plan RCITY FOOT AND ANKLE RET				<b>D</b>	Three-digit plan number				
	KONT TOOT AND ANKEE KE					(PN) ▶ 001				
					1c	Effective date of plan 01/01/2008				
	Plan sponsor's name and addre RCITY FOOT AND ANKLE, P.L	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 62-0226806				
925 8	STEVENS DR., STE 1B				2c	Plan sponsor's telephone number 509-943-2325				
RICH	ILAND, WA 99352				2d	Business code (see instructions) 621391				
3a RIVE	Plan administrator's name and RCITY FOOT AND ANKLE, P.L		IS DR., ST	E 1B	3b	Administrator's EIN 62-0226806				
		RICHLAND, V	WA 99352		Administrator's telephone number 509-943-2325					
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
name, EIN, and the plan number from the last return/report. Sponso					4c	PN				
5a Total number of participants at the beginning of the plan year					5a	1				
b	Total number of participants at	the end of the plan year			5b	0				
C	· · ·	th account balances as of the end of		· ·	5c	0				
6a		uring the plan year invested in eligibl				Yes No				
b		e annual examination and report of a								
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo				Yes No				
Pa	rt III Financial Informa		5500-	or and must instead use rorm 55						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		. 7a	12735	5	0				
b	Total plan liabilities		. 7b							
С	Net plan assets (subtract line 7	b from line 7a)	7c	12735	5	0				
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or recei	vable from:	8a(1)							
			8a(2)							
					1					
b	., ,			213	3					
с		3a(2), 8a(3), and 8b)				213				
d	Benefits paid (including direct r	ollovers and insurance premiums	8d	12948	3					
е	, ,	ve distributions (see instructions)	8e							
f		s (salaries, fees, commissions)	8f							
g	Other expenses		. 8g							
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)				12948				
i	Net income (loss) (subtract line	8h from line 8c)	8i			-12735				
j	Transfers to (from) the plan (se	e instructions)	8j							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2T 3B 3D
- **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							
10	D	ring the plan year:		Yes	No		Amo	unt	
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
C	۷	as the plan covered by a fidelity bond?	10c		Х				
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				Х				
е	insurance service or other organization that provides some or all of the benefits under the plan? (See		10e		X				
f	H	as the plan failed to provide any benefit when due under the plan?	10f		Х				
g	D	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		Х				
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				
i		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 00))						Yes	No
12							Yes	X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	gr	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct anting the waiver	th						
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-					
b	Er	ter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year								
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)		[	12d				_
е	W	It the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
Part	VI	Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						No		
	lf '	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						No		
С		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th nich assets or liabilities were transferred. (See instructions.)	he plai	n(s) to					
1	3c	1) Name of plan(s):		130	:(2) Ell	N(s)	1	3c(3)	PN(s)
	_								_
Caut	ion	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is (	establ	ished.			

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.	11/08/2010	RODNEY GRAVES						
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator						
SIGN									
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor						

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×	Form 5500-SF	•		Report of Small Employ	yee	OM	IB 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 Employe					2010			
	Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).						Open to Public		
-	ension Benefit Guaranty Corporation	<ul> <li>Complete all entries in accord</li> </ul>	0-SF.	Inspe	2011년(2011년) - 1212년 - 2212년(2011년) - 2212년(2011년) - 2212년(2011년) - 2212년(2011년) - 2212년) - 2212년(2011년) - 221				
	Part I Annual Report Identification Information								
	5	al plan year beginning 01/01/2010	10101010		17/31/	2010			
		mployer plan (not multiemployer)		one-participant	plan				
в	This return/report is for:	first return/report X	final return	1999 - 1998 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	0.22-5.025				
	опеск box ir лiing under: [	special extension (enter descriptio		extension	DFVC program				
Pa	Part II Basic Plan Information—enter all requested information								
	Name of plan	nation - ener all requeated months			1b	Three-digit			
RIVE	RCITY FOOT AND ANKLE RE	TIREMENT PLAN				plan number	001		
					10	(PN)	ananan - eo		
					10	Effective date of plan 01/01/2008			
2a	Plan sponsor's name and addre RCITY FOOT AND ANKLE, P.L	ess (employer, if for single-employer)	plan)	(1979)	2b	Employer Identifica			
	NOT T FOUT AND ANKLE, P.L	L.Q.			20	(EIN) 62-022680 Plan sponsor's tele			
	STEVENS DR., STE 1B ILAND WA 99352			3		509-943-2	2325		
niur	ICAND WA 99352				2d	Business code (see 621391	e instructions)		
3a SAM		address (if same as Plan sponsor, er	nter "Same	:")	3b	Administrator's EIN 62-022680			
					3c	3c Administrator's telephone number 509-943-2325			
	f the name and/or EIN of the pla	port filed for this plan, enter the	4b	EIN					
1	name, EIN, and the plan numbe	r from the last return/report. Sponsor	r's name		4c	PN	1)		
5a	Total number of participants at	the beginning of the plan year			5a	1.14	1		
b	Total number of participants at	the end of the plan year			5b		0		
С	Total number of participants wi complete this item)	th account balances as of the end of	the plan y	ear (defined benefit plans do nol	5c		0		
6a		uring the plan year invested in eligibl					X Yes No		
b	Are you claiming a waiver of th	e annual examination and report of a	in indepen	dent qualified public accountant (IQI	PA)				
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo				••••••	X Yes No		
Pa	rt III   Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of	Year		
а	Total plan assets		7a	12735			0		
d	AND A DO DO TAL AND ADD TAL		7b	10705	a S				
		'b from line 7a)	7c	12735			0		
8 a	Income, Expenses, and Transf Contributions received or recei	ATTACT ASSAULTS AND ALL AND AL		(a) Amount		(b) Tota	al		
	, 공동안 만난 도로의 이상은 것 이 의 모스트 프로그램 것 이 가지 못한		8a(1)	March	2				
	(2) Participants		8a(2)						
		)	8a(3)		_				
	20070 (00) (08 8 00MS - 55 07 85 1	0-701 0-701	8b	213			010		
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c		-	- a <u>acaro</u>	213		
20 <b>000</b> -6	to provide benefits)		8d	12948					
е		ive distributions (see instructions)	8e		_				
f		s (salaries, fees, commissions)	8f		_				
g b	0. <b>7</b> %	Do Of and Do	8g				10010		
n i	And the second s	3e, 8f, and 8g) 9 8h from line 8c)	8h 01		_		-12948		
i	where we have the there are a set	e instructions)	8i 01				-12100		
<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8j		10	10.0012			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 6500-SF.

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Form 5500-SF 2010		Page <b>2-</b> 1	
Part IV	Plan Characteristics		ir

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2T 3B 3D

e - 0.

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						
10	During the plan year:		Yes	No	1525011	Amount	9,004
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	S-71-1	x		~	10
C	Was the plan covered by a fidelity bond?			х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			x		58) Q (380 865)	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	, v	x			
f				х	÷.	- 1200	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			5 E3
ĥ	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g		х			
i	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	10i			10.1300		
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					Yes	1    No
12	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 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth					
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г		the second		
b	Enter the minimum required contribution for this plan year			12b			
C	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		62/830	12d		<b>—</b>	-
e	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 during the plan year or any prior year?			. <b></b> .		X Yes	No No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ontrol		X Yes	5 🗌 No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	6			
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3	8) PN(s)
				21 <b>2400-9</b> 22-00			
		1	12	0.000			
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab			and the second se			
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return	urn/rej /report	port, in	icluding	g, it applicates to find	able, a Sch knowledou	nedule e and
	f it is true, correct and complete		1		,		0.0

SIGN	× (um)	11/1/10	RODNEY GRAVES
HERE	Signature of plan administrator	Date/ / U	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor