## 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

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.			
		dentification Information						
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	)9	and ending 1	2/31/2	2009		
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
В	This return/report is for:	first return/report	final retur	n/report				
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)			
C	Check box if filing under:	X Form 5558	automatio	extension		DFVC program		
		special extension (enter descripti	on)			_		
Pa	rt II Basic Plan Infori	mation—enter all requested inform						
	Name of plan	oritor air requested fillerin	iation		1b	Three-digit		
	TH IDAHO CREDIT 401(K) PLA	AN				plan number		
						(PN) • 001		
					1c	Effective date of plan		
	<u> </u>				O.L.	10/01/2004		
	Plan sponsor's name and addr TH IDAHO CREDIT CORP.	ress (employer, if for single-employer	r plan)		<b>2b</b> Employer Identification Number (EIN) 82-0363604			
NOIN	THIDAITO ONEDIT CONT.				2c	Plan sponsor's telephone	number	
	NORTH 3RD STREET					208-667-5491		
COE	JR D ALENE, ID 83814				2d	Business code (see instr	uctions)	
32	Dian administrator's name and	address (if some as Plan spansor	ntor "Com	2"\	2 h	522298 Administrator's EIN		
	TH IDAHO CREDIT CORP.	address (if same as Plan sponsor, e			30	82-0363604		
		COEUR D A	LENE, ID 8	33814	3с	Administrator's telephone	number	
						208-667-5491		
		an sponsor has changed since the la		eport filed for this plan, enter the	4b	EIN		
	iame, Em, and the plan numbe	er from the last return/report. Sponso	oi s name		4c	PN		
5a	5a Total number of participants at the beginning of the plan year				5a		6	
b					5b		5	
С								
					5c		6	
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)		X Ye	es No	
b				ndent qualified public accountant (IQ		V v	D Na	
				ions.)		X Ye	es   No	
Pa	rt III Financial Inform		orm 5500-	SF and must instead use Form 55	υυ.		-	
7	Plan Assets and Liabilities	anon		(a) Denimain a of Year		(h) Fnd of Voor		
-	Total plan assets		7-	(a) Beginning of Year  7a 97174		(b) End of Year	123653	
a b	. o.a. p.a accord			3717-			120000	
C	·	7b from line 7a)		97174			123653	
8			7с			//-> <b>T</b> -4-1	123033	
a	Income, Expenses, and Trans Contributions received or rece			(a) Amount		(b) Total		
a			8a(1)					
	(2) Participants		8a(2)	4476	3			
	(3) Others (including rollovers	3)	8a(3)					
b	Other income (loss)		8b	22003	3			
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				26479	
d	, ,	rollovers and insurance premiums						
•	•	tive distributions (see instructions)	8d					
e f		tive distributions (see instructions)						
t		rs (salaries, fees, commissions)						
g	·	00 0f and 0a)					0	
h :		8e, 8f, and 8g)						
1;		e 8h from line 8c)					26479	
J	Transiers to (Holli) the plan (S	ee instructions)	8i	1				

Part IV	Plan	Charact	teristics

SIGN HERE

Signature of employer/plan sponsor

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions								
0	During the plan year:		Yes	No	Amount				
а	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
С	Was the plan covered by a fidelity bond?	10с	X					10000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by or dishonesty?			X					
е	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)			X					
f	Has the plan failed to provide any benefit when due under the plan?			X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q	X					14598	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			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							
art	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar 5500))						Yes	X No	
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or se	ection (	302 of	ERISA?		Yes	X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	-		
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li		Г		Π				
b	nter the minimum required contribution for this plan year			12b					
	nter 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 of a negative amount)								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	)	N/A	
art	VII Plan Terminations and Transfers of Assets								
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior 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 control of the PBGC?								
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	entify the pla	ın(s) to	)		-			
13c(1) Name of plan(s):					N(s)	13	3c(3) [	PN(s)	
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless rea	sonable ca	use is	establ	ished.				
Во	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined the Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this f, it is true, correct, and complete.				·	,			
SIGI	Filed with authorized/valid electronic signature. 10/05/2010 MARK NESS								
HER		ne of individ	ual sig	ning as	s plan adn	ninistrat	tor		

Date

Enter name of individual signing as employer or plan sponsor

OMB Nes. 1210-0110 1210-0089

## Form 5500-SF

Department of the Treasury Internal Revenue Service

## 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 Relitement Income Security Act of 1974 (ERISA), and section 6058(a) of the

2009 Department of Labor Employee Benefits Security Administration Internal Revenue Code (the Code). This Form is Open to Public Pension Benefit Guaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 single-employer plan multiple-employer plan (not multiemployer) A This return/report is for: One-participant plan B This return/report is for: first return/report final return/report short plan year return/report (less than 12 months) an amended return/report X Form 5558 C Check box if filing under: automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit North Idaho Credit 401(k) Plan plan number (PN) > 001 Effective date of plan 10/01/2004 2a Plan sponsor's name and address (employer, if for single-employer plan)
North Idaho Credit Corp. Employer Identification Number (EIN) 82-0363604 Plan sponsor's telephone number 1919 North 3rd Street (208) 567-5491 Business code (see instructions) Coeur d Alene ID 83814 522298 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's EIN 3c Administrator's telephone 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 fast return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a 6 b Total number of participants at the end of the plan year..... 5b 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... \$ 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)..... X Yes | If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plen Assets and Liabilities 1, 2, 1, 1 (a) Beginning of Year (b) End of Year Total plan assets..... 7a 97,174 123,653 7h Net plan assets (subtract line 7b from line 7a)...... 7c 97,174 123,653 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers ..... 8a(1) (2) Participants ...... 8a(2) 4,476 (3) Others (including rollovers)..... 8a(3) Other income (loss)..... 8b 22,003 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 26,479 Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d Certain deemed and/or corrective distributions (see Instructions)... **8e** Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8d Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 0 Net income (loss) (subtract line 8h from line 8c)..... 26,479 Transfers to (from) the plan (see instructions) ...... F 1 4 7 5 + 2 18 4 3

Form 5500-SF 2009 Page 2-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: 2Ј 2R 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 During the plan year: Yes No Amount a 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 Х Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) X 10b Was the plan covered by a fidelity bond? 100 Х 10,000 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 104 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 X 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 ee of year end.)..... 10g X 14,598 If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520,101-3.) ..... X, 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.... 101 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... Yes X Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. 12 (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 instructions, and enter the date of the letter ruling granting the waiver. ..... Month \_ Day \_ 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. 12h 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 of a 12d negative amount) 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?  $\overline{\mathbf{x}}$ Yes No If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?..... Yes X 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under panalties 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, ø MARK NESS SIGN HERE Date Enter name of individual signing as plan administrator 10 SIGN HERE Signature of employer/plan sponsor Date Enter name of Individual signing as employer or plan sponsor