## 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 acco	rdance wit	h the instructions to the Form 550	0-SF.			
			entification Information						
For	calendar plan year 2009 or fisc	cal	plan year beginning 10/01/200	09	and ending 1	2/31/	2009		
Α .	This return/report is for:	X	single-employer plan	multiple-	employer plan (not multiemployer)		one-participa	ant plan	
В .	This return/report is for:	X	first return/report	final retu	n/report		_		
		Ħ	an amended return/report	short pla	n year return/report (less than 12 mor	nths)			
С	Check box if filing under:	X	Form 5558	automatic	extension		DFVC progra	am	
	oneon box ii iiiiig anaon.	Ħ	special extension (enter descripti						
Da	rt II Basic Plan Infor	m	ation—enter all requested inform						
	Name of plan	1111	ation—enter all requested inform	nation		1h	Three-digit		
	TER HOUSE, INC. 401(K) PLA	٨N				''	plan number		
	, , , , , , , , , , , , , , , , , , , ,						(PN) <b>•</b>	001	
						1c	Effective date of		
							10/01/2		
	Plan sponsor's name and add TER HOUSE, INC.	res	ss (employer, if for single-employe	r plan)		26	Employer Identi (EIN) 53-223		er
FOR	TER HOUSE, INC.					2c	Plan sponsor's		mher
1430	17TH STREET, SUITE A							2-4218	11001
IDAH	O FALLS, ID 83404					2d	Business code		ıns)
20	Diam adariaistastada a assa assa		ddaes (if some se Dlemenson		- "\	2 h	541330		
	TER HOUSE, INC.	a a	ddress (if same as Plan sponsor, e 1430 17TH			30	Administrator's 53-223		
	, ,		IDAHO FAL			3c	<b>3c</b> Administrator's telephone numbe		
						208-522-4218			
			sponsor has changed since the la		eport filed for this plan, enter the	4b EIN			
	name, Elin, and the plan numb	er	from the last return/report. Spons	or's name		4c	PN		
5a	Total number of participants a	at tl	he beginning of the plan year			5a			0
_						5b			0
	· · ·		account balances as of the end			30			
						5c			0
6a	Were all of the plan's assets	du	ring the plan year invested in eligi	ble assets?	(See instructions.)			X Yes	No
b					ndent qualified public accountant (IQI			<b>∇</b> Γ	٦
					ions.)			× Yes	No
Pa	rt III Financial Inform			-orm 5500-	SF and must instead use Form 55	υυ.			
7	Plan Assets and Liabilities	iai			(a) Posinning of Year		(b) End	l of Voor	
-	Total plan assets			70	(a) Beginning of Year	)	(b) End	of Year	0
a b				<u>7a</u> 7b		_			
C			from line 7a)		(				0
			·	7с		,	/L) :	Total	
8 a	Income, Expenses, and Trans Contributions received or received				(a) Amount		(a)	Total	
u				8a(1)					
	(2) Participants			8a(2)					
	(3) Others (including rollovers	s)		8a(3)					
b	Other income (loss)			8b					
С	Total income (add lines 8a(1)	, 8	a(2), 8a(3), and 8b)	8c				,	0
d	Benefits paid (including direct	ro	llovers and insurance premiums						
	to provide benefits)			8d		$\dashv$			
e			re distributions (see instructions)			$\dashv$			
f	Administrative service provide	ers	(salaries, fees, commissions)	8f		4			
g	·								
h	Total expenses (add lines 8d,	86	e, 8f, and 8g)	8h					0
į			8h from line 8c)						0
j	Transfers to (from) the plan (s	see	instructions)	8i					

Dort IV	Diam	Charas	teristics
Part IV	Plan	Charac	TATISTICS

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 2F 2G 2J 2K 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	٧	Compliance Questions						
10	Dui	ing the plan year:			Yes	No	А	mount
а		s there a failure to transmit to the plan any participant contributions		Х				
h		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						
-		ine 10a.)			5	X		
С	Wa	s the plan covered by a fidelity bond?		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
е	insı	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the ructions.)	e benefits under the	plan? (See	e	X		
f	Has	the plan failed to provide any benefit when due under the plan?		10	f	X		
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)	10	a	X		
h		is is an individual account plan, was there a blackout period? (See 0.101-3.)		O CFR		Х		
i		Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3			i	X		
Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements						☐ Yes X No
12		0))						Yes X No
12		ris a defined contribution plan subject to the minimum funding requ res," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		1412 of the Code of	Section	302 01	ERISA!	
а		waiver of the minimum funding standard for a prior year is being an		vear see instruction	s and	antar th	ne date of the	letter ruling
u		nting the waiver.						
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB				,		
b	Ent	er the minimum required contribution for this plan year				12b		
С	Ent	er the amount contributed by the employer to the plan for this plan	year		Г	12c		
	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a minu	us sign to the left of a	Ī	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?						Yes X	No N/A
Part	VII	Plan Terminations and Transfers of Assets						
I3a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?				Yes X No
		es," enter the amount of any plan assets that reverted to the emplo			Ī	13a		
b	We	e all the plan assets distributed to participants or beneficiaries, tran	nsferred to another	plan, or brought und	er the c		•	Yes X No
С		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify the p	lan(s) to	)		
1	3c(1	Name of plan(s):			13	<b>13c(2)</b> EIN(s) <b>13c(3)</b>		
Cauti	ion:	A penalty for the late or incomplete filing of this return/report	will be assessed ι	ınless reasonable c	ause is	establ	lished.	
SB or	· Sch	nalties 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.						
SIGN	, F	iled with authorized/valid electronic signature.	10/06/2010	FRANK HARRISON				
HER		Signature of plan administrator	Date	Enter name of indiv	dual sic	ning as	s plan admini	istrator

Date

Enter name of individual signing as employer or plan sponsor

-Sep. 30. 2010— 2:36PM-

\_No. 3038\_\_\_\_P.

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Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OM8 Nos. 1210-0110 1210-0089

2009

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P	art I Annual Report Id	lentification Information					
For	calendar plan year 2009 or fisca	al plan year beginning	10/01/2	009 and ending	_	12/31/200	9
Α	This return/report is for:	X single-employer plan	☐ multiple-	employer plan (not multiemploye	r)	one-participa	nt olan
	This return/report is for:	X first return/report	final retu	• •	''		iii pidii
_	Time rotons report to tor.	an amended return/report	=	•	+ \		
_		╡ '	H	n year return/report (less than 12	montns		
C	C Check box if filling under:					DFVC progra	m
	<u> </u>	special extension (enter descri					
Pa	<u>art II   Basic Plan Inforn</u>	nation—enter all requested info	rmation	·	_		
1a	Name of plan			• •	1b	Three-digit	·
	Porter House, Inc.	401(k) Plan				plan number	
					14-	(PN)	001
					10	Effective date of 10/01/2009	
2a	Plan sponsor's name and addre	ess (employer if for single-employ	er plan)		2h	Employer Identif	
	Porter House, Inc.	ess (employer, if for single-employ	Ci piani		20	(EIN) 53-223	
					2c	Plan sponsor's t	elephone number
	1430 17th Street, 8	Suite A				_(208)522~4	1218
	Idoha Wali-				2d	Business code (: 541330	see instructions)
3a	Idaho Falls Plan administrator's name and	address (if same as Plan sponsor	enter "Som	ID 83404	26	Administrator's E	-15.)
	Same	acciess (ii same as Figil sponsor	, chier cam	♥ )	30	Administrator's E	=IN
					3c	Administrator's t	elephone number
		<u></u>					·
		in sponsor has changed since the		port filed for this plan, enter the	4b	EIN	
	name, Env, and the platt numbe	r from the last return/report. Spor	işçi ş name		4c	₽N	
5a	5a Total number of participants at the beginning of the plan year				T		
b		the end of the plan year				1	
-		th account balances as of the end				-	
	complete this item)			·-·····	5c	_[	(
6a	Were all of the plan's assets d	uring the plan year invested in elig	jible assets?	(See instructions.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	X Yes No
b	Are you claiming a waiver of the	ne annual examination and report	of an indepe	ndent qualified public accountan	t (IQPA)		
		See instructions on waiver eligibili					X Yes No
Da	irt III   Financial Informa	er 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Forn	t <b>550</b> 0.		<del></del>
7	Plan Assets and Liabilities		<del></del>				
-				(a) Beginning of Year		(b) End	of Year
-					- 0		(
				·· <del>-</del>			
<u> </u>		b from line 7a)	7с				(
8	Income, Expenses, and Transfe			(a) Amount		(b) T	otal
а		váble from:	8a(1)		1.		
	• •						
b	· -				$\dashv$		
					<del></del>		
d		8a(2), 8a(3), and 8b)ollovers and insurance premiums	8¢				
u		ollovers and insurance premiums	8d			•	
е	Certain deemed and/or correcti	ive distributions (see instructions)	8e				
f	Administrative service providers	s (salaries, fees, commissions)	8f				
g	Other expenses		8g				
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)					(
i	Net income (loss) (subtract line	8h from line 8c)	8i		- 1		(
j		e instructions)					
J	transiers to (noin) the bigh (se	e menucuona)	····  8j	I	ŀ		

Form		

Page 2-	
raye z-;	

	t IV	Plan Characteristics	·-						
9a		plan provides pension benefits, enter the applicable pension featu	ire codes from the L	ist of Plan Characteris	stic Co	des in t	the instruction	ns:	
b	X 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
art		Compliance Questions						<u>.                                    </u>	
<u>′ап</u> 10		ing the plan year:			Yes	No	Δ,	mount	
a		ing the plan year. s there a failure to transmit to the plan any participant contributions	within the time peri	od described in	1.00	7-4		illount .	
	29	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	y Correction Program	m) 10a		Х			
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)				х			
C	Wa	s the plan covered by a fidelity bond?		10c		Х			
d		the plan have a loss, whether or not reimbursed by the plan's fidel ishonesty?				х			
e	inst	re any fees or commissions paid to any brokers, agents, or other parance service or other organization that provides some or all of the ructions.)	e benefits under the	plan? (See		х	<u>.</u>		
f	Has	the plan failed to provide any benefit when due under the plan?		10f		х			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)	10g		Х			
h		is is an individual account plan, was there a blackout period? (See		1		Х	•		
i	lf 10	Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	e of the		х		-	
art		Pension Funding Compliance							
11	ls th	is a defined benefit plan subject to minimum funding requirements						Yes X No	
		0))						Yes X No	
12		his a defined contribution plan subject to the minimum funding requ		1412 of the Gode or se	ection	302 01 1	ERISA?	[] res [4] 140	
a	If a	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being a niting the waiver.	mortized in this plan	year, see instructions	, and e	enter th	e date of the	eletter ruling ear	
If	you (	completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	B (Form 5500), and	skip to line 13.	Г				
b	Ent	er the minimum required contribution for this plan year				12b			
C		er the amount contributed by the employer to the plan for this plan				12c			
d	neg	stract the amount in line 12¢ from the amount in line 12b. Enter the ative amount)				12d	M	· · · · · · · · · · · · · · · · · · ·	
e	Will	the minimum funding amount reported on line 12d be met by the f	unding deadline?				Yes X	No N/A	
Part	VII	Plan Terminations and Transfers of Assets	<u> </u>						
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior year	r?	,r			Yes X No	
	If "\	es," enter the amount of any plan assets that reverted to the empl	loyer this year	<u>,,</u>		13a	<u> </u>		
	of t	re all the plan assets distributed to participants or beneficiaries, tra he PBGC?						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) to which assets or liabilities were transferred. (See instructions.)								
	13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3)			
	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
SB	or Šci	nalties of perjury and other penalties set forth in the instructions, I nedule MB completed and signed by an enrolled actuary, as well a strue, correct and complete.	declare that I have a s the electronic vers	examined this return/resion of this return/repo	∌port, i rt, and	ncludin to the	g, if applicab best of my kr	ile, a Schedule nowledge and	
		Sand Porter	9/30/10	David Porter					
SIG		Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
	HERE Signature of employer/plan apparer.			Enter name of individ	of individual signing as employer or plan sponsor				