### 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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	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	09	and ending 1	2/31/2	2009			
Α.	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
В .	This return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plar	year return/report (less than 12 mor	2 months)				
C	Check box if filing under:	X Form 5558	automatio	extension		DFVC progra	am		
		special extension (enter descripti	on)						
Pa	rt II Basic Plan Infori	mation—enter all requested inform	nation						
1a	Name of plan				1b	Three-digit			
NOR	TH IDAHO ENDOSCOPY CEN	TER, LLC RETIREMENT PLAN				plan number	001		
					10	(PN)			
					10	Effective date of 06/01/2			
2a	Plan sponsor's name and addr	ress (employer, if for single-employer	r plan)		2b	Employer Identi	ification Number		
	TH IDAHO ENDOSCOPY CEN		(EIN) 82-0535579						
4007	LINCOLNUMAY CHITE 400	2c	Plan sponsor's 208-66	telephone number					
	LINCOLN WAY, SUITE 100 UR D ALENE, ID 83814	2d		(see instructions)					
-						621111			
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")  NORTH IDAHO ENDOSCOPY CENTER, LLC 1607 LINCOLN WAY, SUITE 100						Administrator's			
NOR	TH IDAHO ENDOSCOPY CEN	COEUR D A			30	82-0535579 <b>3c</b> Administrator's telephone number			
					30		5-9184		
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN			
I	name, EIN, and the plan numbe	er from the last return/report. Sponse	or's name		<b>4</b> c	PN			
5a	Total number of participants a	t the beginning of the plan year			5a		18		
		t the end of the plan year			5b		18		
	• •	rith account balances as of the end c			30		10		
					5c		20		
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)			X Yes No		
b				ndent qualified public accountant (IQI			X Yes No		
				ons.)SF and must instead use Form 55			V 162   140		
Pa	rt III Financial Inform		01111 3300-	or and must mstead use rorm 55	<del>00.</del>				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year		
a	Total plan assets		7a	794296	3	(5) = 110	1066800		
b	Total plan liabilities			0	)				
		7b from line 7a)		794296	3		1066800		
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) ·	Total		
а	Contributions received or rece	ivable from:							
	., .,		` '	130430	0				
	(2) Participants		8a(2)	30512	2_				
	(3) Others (including rollovers	5)							
b	` ,			121047	7				
С		8a(2), 8a(3), and 8b)	8c				281989		
d		rollovers and insurance premiums	8d	7519	9				
е	Certain deemed and/or correct	tive distributions (see instructions)	8e						
f	Administrative service provide	rs (salaries, fees, commissions)	8f		_				
g	Other expenses		8g	1966	3				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h				9485		
i	Net income (loss) (subtract line	e 8h from line 8c)	8i				272504		
j	Transfers to (from) the plan (se	ee instructions)	8i						

Form 5500-SF 2009	Page <b>2-</b> 1
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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 2K

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		Am	ount	
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		X				
С	Was the plan covered by a fidelity bond?	10c	X					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	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				
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		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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 and comp 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	ction 3	02 of E	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 instruction granting the waiver.  Mont tou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
	Enter the minimum required contribution for this plan year		[	12b				
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 negative amount)			12d				
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?		<u></u>				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 upon the PBGC?	ınder	the co	ntrol 			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to			1		
1	3c(1) Name of plan(s):		130	(2) EII	N(s)		13c(3)	PN(s)
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.			
В о	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	10/11/2010	GAVIN YOUNG				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	10/11/2010	GAVIN YOUNG				
HERE	Signature of employer/plan sponsor	Date	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 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).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection.

P	art I Annual Report Identification Information					
For	the calendar plan year 2009 or fiscal plan year beginning	2009-	-01-01	and ending	20	09-12-31
Α	This return/report is for: x single-employer plan	multiple-er	nployer plan (n	ot multiemployer)		one-participant plan
В	This return/report is for:	final return	/report			_
				ort (less than 12 month	ns)	
_	H H	moved to 1		on (1000 than 12 mont	.о, Г	DFVC program
C	Check box if filing under: X Form 5558	automatic	extension		L	J DFVC program
	special extension (enter description)					
P	art II Basic Plan Information enter all requested inform	mation.				
1a	Name of plan					Three-digit
	NORTH IDAHO ENDOSCOPY CENTER, LLC RETIREMENT P	LAN				plan number (PN) ► 001
	,					Effective date of plan
						2002-06-01
2a	Plan sponsor's name and address (employer, if for single-employer plans	an)			2b	Employer Identification Number
	NORTH IDAHO ENDOSCOPY CENTER, LLC					(EIN) 82-0535579
	1607 LINCOLN WAY, SUITE 100					Plan sponsor's telephone number
	100, Dinoun mil, bolls 100					(208) 665-9184 Business code (see instructions)
_	COEUR D ALENE ID 83814					621111
3a	Plan administrator's name and address (If same as plan employer, en	ter "Same"	)		3b	Administrator's EIN
	Same					
					3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last	t return/ren	ort filed for this	nlan, enter the	4b	FIN
	name, EIN and the plan number from the last return. Sponsor's Name		ore med for time	plan, onto the		
_					4c	PN
	Total number of participants at the beginning of the plan year				<u>5a</u>	18
b	Total number of participants at the end of the plan year				<u>5b</u>	18
С	Total number of participants with account balances as of the end of th complete this item)	5 25			5c	20
6a	Were all of the plan's assets during the plan year invested in eligible a					
b					•	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	conditions	5.)			X Yes No
_	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF	and must inste	ad use Form 5500.		
Pa	art III Financial Information					
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End of Year
а	Total plan assets	7a		794,296		1,066,800
b	Total plan liabilities	7b		0		
С	Net plan assets (subtract line 7b from line 7a)	7c		794,296		1,066,800
8	Income, Expenses, and Transfers for this Plan Year	1 - 14	1	a) Amount		(b) Total
a	Contributions received or receivable from:		'	,		(a) Total
	(1) Employers	8a(1)		130,430	23	
	(2) Participants	8a(2)		30,512	1979	
	(3) Others (including rollovers)	8a(3)			150	
b	Other income (loss)	8b		121,047		
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		The State of	9	281,989
d	Benefits paid (including direct rollovers and insurance premiums					
	to provide benefits)	<u>8d</u>		7,519		
е	Certain deemed and/or corrective distributions (see instructions)	8e			1	
f	Administrative service providers (salaries, fees, commissions)	8f			1500	
g	Other expenses	8g		1,966		Carps Cold State To Smith
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	_8h		NUMBER OF STREET		9,485
i	Net income (loss) (subject line 8h from line 8c)	8i		EAST PARTY		272,504
j	Transfers to (from) the plan (see instructions)	8j				DESIGNATION OF THE PARTY OF THE
_					_	

	Form 5500-SF (2009)		Page 2-		_				
	Plan Characteristics								
9a	if the plan provides pension benefits, enter the applicable pension fea	ature codes from the L	ist of Plan Characte	ristic (	Codes	in the	instruction	18:	* * * * * * * * * * * * * * * * * * * *
b	2E 2G 2J 2K If the plan provides welfare benefits, enter the applicable welfare feat	lure codes from the Lis	st of Plan Characteri	stic Ca	odes in	the in	nstructions	ı:	
100	Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducians)			10a		x			
b	Were there any nonexempt transactions with any party-in-interest?	(Do not include transa			-	x			
	on line 10a.)			10b					100 000
C	Was the plan covered by a fidelity bond?			10c	X				100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	-	aused by maud	10d		x			
е	Were any fees or commisions paid to any brokers, agents, or other								
	insurance services or other organization that provides some or all of instructions.)			10e		x			
f	Has the plan falled to provide any benefit when due under the plan?	?		10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount es	of year end.)		10g		x			
h	if this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h		x			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-			101					
	Pension Funding Compliance								
11	is this a defined benefit plan subject to minimum funding requireme 5500))	ints? (If "Yes," see ins	tructions and comple	te Sc	hedule	SB (F	orm	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding re	120	412 of the Code or	sectio	n 302	of ER	ISA? .	. Yes	X No
_	(if "Yes," complete 12s or 12b, 12c, 12d, and 12e below, as applica								
	If a walver of the minimum funding standard for a prior year is being granting the walver		Mon					Year	-
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					12c		<del></del>	
d	Subtract the amount in line 12c from the amount in tine 12b. Enter tinegative amount)	5				12d			
e	Will the minimum funding amount reported on line 12d be met by th	e fundino deadline?		٠	•	_	☐Yes	No	□ N/A
	Plan Terminations and Transfers of Assets			•					
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior year	7					Yes	X No
	if "Yes," enter the amount of any plan assets that reverted to the arr				. 7	13a			
b	Were all the plan assets distributed to participents or beneficiaries,	transferred to another	plan, or brought und	er the	contro	ol l			
C	of the PBGC?  If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See Instructions.)		plan(s), identify the p	lan(s)	to .	• •		, ∐Yes	X No
	3c(1) Name of plan(s):				130	(2) El	N(s)	13c(3	) PN(a)
								<del></del>	
auti	on: A penalty for the late or incomplete filling of this return/report	will be assessed uni	less reasonable cal	use is	estab	Ushe	d		
B or	panalties of perjury and other penalties set forth in the instructions, i Schedule MB completed and signed by an enrolled acquary, as well a	declare that I have ex is the electronic version	amined this return/report	eport, rt, and	includia to the	ng, if a	applicable, of my know	в Schedule wiedge and	ə
5.3	it is true, correct, and complete.	10/2/11	T	121 200					
ile.		10/8/10	Gavin Young,						
120		Daté	Enter name of Indi		aignin	g as p	wan admin	savator	
ine talen		10/8/10	Gavin Young,	U-1-					
	Signature of employments spensor	Date	Enter name of Indi	vidual	8ignin	<u>Q</u> 85 6	rnployer o	r plan spon	501

Form 5558 (Rev. January 2008) Department of the Treesury

# Application for Extension of Time To File Certain Employee Plan Returns

- Christian Carlo car

For Privacy Act and Paperwork Reduction Act Notice, see Instructions on page 3.

File With IRS Only

	is dentification.		25		
A	Name of filer, plan administrator, or plan aponsor (s	see instructions)			
	NORTH IDAHO ENDOSCOPY CENTER.	The state of the s		R76	SUMBLE STEEL
	Number, street, and room or suite no. (If a P.O. box 1607 LINCOLN WAY, SUITE 100	(, see macrocoone.)	The second secon	The same of the sa	بنبتن برهند البد
	City or town, state and ZIP code			ii 1411an 70011	
٠	COEUR D ALENE	D 83814	Plan pian year enumber (SSM)  Plan Min DD  MENT 0 0 1 1 12 31  The 5500-EZ (see instructions)  The form 5500 or Form 5500-EZ  The online 1 (above) if: (a) the Form 5558 is filled on or before that on its requested, and (b) the date of time 1 is no more the filled filled after the due date for the plans list to the Form 5500-EZ instructions)  To file Form 5300 or Form 5500-EZ  Its filed after the due date of Form 5330.  The form 5330 after the normal due date of Form 5330.  The form 5330 after the normal due date of Form 5330.		
c	Plan name		Plan		ending
		K fa an	number	MM C	D YYYY O
				10	2009
	1 NORTH IDAHO ENDOSCOPY CENTER,	LLC RETIREMENT	<u> </u>	12 3	76 5
	2				
	3			1.6 - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	3
Felov	Extension of Time to Flie Form	5500 or Form 5500-EZ	(see instructions)		
				. ,	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
1	10 /	15 / 2010 Land	F	00 F7	
.1	request an extension of time until	15 / 2020 TO THE	PORT DOOD OF PORTE DO	OVEZ:	
	The application is sittematically appropried to	the date shown on line 1 (so	ovel if (a) the Form 55	58 is filed on or before	re that
			174 323		
	months after the normal due date.			ాహ్ల	
	Variable attack a name of this Tares 1959 t		The state of the s		lated in C above
	You must attach a copy of this Form 5556 t	o each Lottle spon who soon	-CZ med arter the due	care for the plans i	isoed in C above.
Note	A signature is not required if you are requesting	a an extension to file Form 55	00 or Form 5500-EZ		right for the
Day	Extension of Time to File Form	5330 (epp instructions)	2 2 2 2 4 4 4 4 A		See And Sell
		TOTO INDIVIDUO			ang an or or or
2	I request an extension of time until	to Ata	Form 5330.		
_	•				5
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			30
2	Enter the Code section(s) imposing the tax .		B	ing and the second of the seco	
_	and the sequences in the same and the	The Constant of the Constant o			
b	Enter the payment amount attached	* * * * * * * * * * * * * * * * * * *		<b>b</b> b	
	and the Charleston of		alda.		
Ç	For excise taxes under section 4980 or 4980F	of the Code, enter the revisio	rvamendment date .	· · · l c · l	*** 1
	State in detail why you need the extension				et miller
3		5) 2 - 7 - 2 S			10. pa 15
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uthori	pensities of perjury, I declare that to the best of try, ki			nag-correct, and comp	