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).

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500	0-SF.		
		lentification Information					
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009	
A	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 plan	year return/report (less than 12 mor	nths)		
C	Check box if filing under:	▼ Form 5558	automatic	extension		DFVC progra	am
		special extension (enter description					
Do	rt II Pacia Plan Inform		•				
	Irt II Basic Plan Inform Name of plan	mation—enter all requested inform	ation		1h	Three-digit	
	'D E. WITHAM, MD, PA PROFI	T SHARING PLAN			ID	plan number	
						(PN) •	001
					1c	Effective date of	
						09/07/	1987
	•	ess (employer, if for single-employer	plan)		2b		ification Number
LLO	D E. WITHAM, MD, PA				20	(EIN) 82-041	telephone number
1107	IRONWOOD DRIVE				20		67-7459
	UR D ALENE, ID 83814				2d	Business code	(see instructions)
						62111	
	Plan administrator's name and 'D E. WITHAM, MD, PA	address (if same as Plan sponsor, e			3b	Administrator's 82-041	
LLO	D.E. WITTIAM, MD, TA	COEUR D A			3c		telephone number
					•		67-7459
	•	an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN	
- 1	name, EIN, and the plan numbe	er from the last return/report. Sponso	r's name		40	PN	
5a	Total number of participants at	the beginning of the plan year			5a	FIN	40
_	• •			ł			10
	· ·	the end of the plan year		ļ	5b		9
С		ith account balances as of the end of			5c		10
6a	, ,			(See instructions.)			X Yes No
				ndent qualified public accountant (IQF			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ons.)			X Yes No
D-			orm 5500-	SF and must instead use Form 550	00.		
	rt III Financial Informa	ation					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year
	Total plan assets		. 7a	2070598			2554548
b	•		. 7b	0			
<u>C</u>	•	7b from line 7a)	. 7c	2070598	3		2554548
8	Income, Expenses, and Transf			(a) Amount		(b)	Total
а	Contributions received or rece (1) Employers	ivable from:	. 8a(1)	47795	5		
	` , ' ,		8a(2)	28869	-		
)		2000			
b	, ,			409538			
C	,	8a(2), 8a(3), and 8b)		100000			486202
d		rollovers and insurance premiums	. 00				100202
-	to provide benefits)	·	. 8d				
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e				
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f				
g	Other expenses		. 8g	2252	2		
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h				2252
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				483950
j		ee instructions)					

Form 5500-SF 2009	Page 2- 1
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D (IV/	DI	O L	
Part IV	Plan	Characi	reristics

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

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		Amo	unt	
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					275000
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		X				
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								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							X No
_	, , ,	01 36	CHOIT	002 01	LNISA!	Ш	100	
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					امال مال		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver							ng
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		100		
	Enter the minimum required contribution for this plan year		Г	12b				
	Enter the amount contributed by the employer to the plan for this plan year		1	12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		-		Yes	l l	lo	N/A
art							<u> </u>	
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					П	Yes	X No
Ja				 13a			103	110
h	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	of the 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 which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to					_
1	3c(1) Name of plan(s):		130	(2) EI	N(s)		13c(3)	PN(s)
						\perp		
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable						<u> </u>	
Во	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ , it is true, correct, and complete.		,		, , ,	,		
SICI	Filed with authorized/valid electronic signature. 10/11/2010 LLOYD E. WITHA	AM.						

SIGN 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 plan administrator

LLOYD E. WITHAM

LLOYD E. WITHAM

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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection.

F	Pension Benefit Guaranty Corporation		dance with	the instructions to the Form 5500	-SF.		9 (), Condition Controvers
1000		dentification Information					
For	the calendar plan year 2009 or		2009-	01-01 and ending	2(009-12-31	
Α	This return/report is for:	single-employer plan	multiple-en	nployer plan (not multiemployer)	Ĺ	one-participa	nt plan
В	This return/report is for:	first return/report	final return	/report			
		an amended return/report	short plan	year return/report (less than 12 month	s)		
С	Check box if filing under:	Form 5558	automatic	extension	[DFVC progra	ım
		special extension (enter description)				
P	art II Basic Plan Infor	mation enter all requested infor	mation				
_	Name of plan	giner air requested into	TTGCTOTT.		1b	Three-digit	
		PA PROFIT SHARING PLAN				plan number (PN) ▶	001
	HEOID E. WITHAM, MD,	PA PROPIL BRAING PILL		ļ	1c	Effective date o	
						1987-09-07	
2a	Plan sponsor's name and addre	ess (employer, if for single-employer p	lan)		2b		fication Number
	LLOYD E. WITHAM, MD,	PA			2.0	(EIN) 82-04	
	1107 IRONWOOD DRIVE				20	(208) 667-	telephone number 7459
					2d	Business code	(see instructions)
$\frac{US}{3a}$	COEUR D ALENE	ID 83814	star "Como"		2 h	621111 Administrator's	CINI .
Sa	Same	address (If same as plan employer, er	iter Same	,	30	Administrators	EIN
					2-		
					30	Administrator's	telephone number
4	If the name and/or EIN of the plan number	lan sponsor has changed since the last from the last return. Sponsor's Name	st return/rep	ort filed for this plan, enter the	4b	EIN	
	name, Life and the plan numbe	in nom the last return. Sponsor's Name	•		4c	PN	
5a	Total number of participants at	the beginning of the plan year			5a		10
b		the end of the plan year			5b		9
С		th account balances as of the end of the			5c		10
6a		ring the plan year invested in eligible					X Yes No
b		e annual examination and report of an					
		See instructions on waiver eligibility an		150			X Yes No
-		r 6a or 6b, the plan cannot use Forr	n 5500-SF a	and must instead use Form 5500.			
	art III Financial Inform	nation		I			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
a	Total plan assets		- 7a	2,070,598			2,554,548
þ	Total plan liabilities		. 7b	0	+		75 St. W. C.
<u>c</u>	Net plan assets (subtract line 7		. 7c	2,070,598	+-		2,554,548
8	Income, Expenses, and Transfe			(a) Amount	200	(b)	Total
а	Contributions received or received (1) Employers		. 8a(1)	47,795	190		
	(2) Participants		. 8a(2)	28,869	2		
	(3) Others (including rollovers)		. 8a(3)		4 4		
b			. 8b	409,538	F		
С		a(2), 8a(3), and 8b)	. 8c				486,202
d	Benefits paid (including direct re	ollovers and insurance premiums			K	1211-1216	
			· 8d		-		
e		ve distributions (see instructions) .	. 8e		12		
f	= 1	s (salaries, fees, commissions)	. 8f		16		
g	Other expenses		• 8g	2,252	100		
h	Total expenses (add lines 8d, 8	e, 8f, and 8g)	. <u>8h</u>	THE PROPERTY OF THE PROPERTY OF			2,252
i	Net income (loss) (subject line 8	8h from line 8c)	. 8i	A STATE OF THE STA			483,950
i	Transfers to (from) the plan (se	e instructions)	. 8j				

	Form 5500-SF (2009)		age 2 -		_				
Part	IV Plan Characteristics								
	the plan provides pension benefits, enter the applicable pension feature	re codes from the Lis	t of Plan Characteris	stic Co	odes	in the	instructions	:	
b ı	2E 2H 2J 2K the plan provides welfare benefits, enter the applicable welfare feature	e codes from the List	of Plan Characterist	ic Co	des ir	n the ir	structions:		
Par	V Compliance Questions								
10	During the plan year:	within the time period	d described in	-	Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Program)) [10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Don line 10a.)			10b		x			
_	Was the plan covered by a fidelity bond?			10c	х				275,000
c d	Did the plan have a loss, whether or not reimbursed by the plan's fide			-					
-	or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other pa					l			
	insurance services or other organization that provides some or all of t instructions.)			10e		х			
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		x			
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided the n			1011				THE REAL PROPERTY.	
	exceptions to providing the notice applied under 29 CFR 2520.101-3			10i			ALE S	1952	£ 4.7.
	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500))							. Yes	X No
12	Is this a defined contribution plan subject to the minimum funding req							. Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable $\frac{1}{2}$	le.)							
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver								
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule ME					Day		Teal	
b	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	1.50	•			12d			
е	will the minimum funding amount reported on line 12d be met by the				٠ ـ		Yes	No	□N/A
Part		Taniania acadimici							
13a	Has a resolution to terminate the plan been adopted during the plan y	year or any prior year	?					. Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the emp					13a			
b	Were all the plan assets distributed to participants or beneficiaries, tra	ansferred to another p	olan, or brought unde	er the	cont	rol			
С	of the PBGC?	this plan to another p	lan(s), identify the pl	an(s)	to .	• •		Yes	x No
	which assets or liabilities were transferred. (See instructions.)								
	3c(1) Name of plan(s):				_13	3c(2) E	IN(s)	13c(3) PN(s)
-								-	
Cauti	on: A penalty for the late or incomplete filing of this return/report v	vill be assessed unl	ess reasonable cau	ıse is	esta	ablishe	ed.		
SB or	penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as								
1000	it is true, correct, and complete.	10/1/10	77.075			-			
SIG		Date	LLOYD WITHAM	vid	l cic-	ing as	nlan ad-d-	introtor	
SIG	11 10 10/11	10/1/10	Enter name of indiv	vidua	sign	ing as	pian admin	istrator	
HEI		Date	Enter name of indiv	vidual	sign	ing as	emplover o	r plan spor	nsor

Form 5558 (Rev. January 2008) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

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

OMB No. 1545-0212

File With IRS Only

art I	Identification						
•	me of filer, plan administrator, or plan sponsor (see instructions)	B	Filer's Employ	identify er iden	ying number tification num	(see instruct ber (EIN).	ions).
	mber, street, and room or suite no. (If a P.O. box, see instructions.)		82-0	4158	24		
	107 IRONWOOD DRIVE		Social	security	number (SSI	N)	
Cit	y or town, state and ZIP code	Ì					
C	OEUR D ALENE ID 83814						
	Plan name		Plan numbe	-	MM Pla	n year end DD	Ing YYYY
		_	Humbe	21	141141	100	
	DE PROPERTY OF THE ANALYSIS OF THE PROPERTY OF	0	1 0	1	12	31	2009
1_ <u>L</u>	LOYD E. WITHAM, MD, PA PROFIT SHARING PLAN	-	1			31	2.003
2			1				
2_			1			T -	
3			i				
art II	Extension of Time to File Form 5500 or Form 5500-EZ (s	ee ins	ructio	ns)			
	Extension of time to the form of the second						
	10 / 15 / 2010 to 60 E	rm 550	or Eor	m 550	0 E7		
l n	equest an extension of time until <u>10 / 15 / 2010</u> to file Fo	000	JOIFO	111 550	U-EZ.		
	ne application is automatically approved to the date shown on line 1 (abov	a) if: (a)	the Ear	·m 555	9 ic filed on	or hafara the	
	ormal due date of Form 5500 or 5500-EZ for which this extension is requested	a, and	tne (ate or	i line i is no	more the 2	1/2
m	onths after the normal due date.						
10.0	office and the formal add asset.						
	ou must attach a copy of this Form 5558 to each Form 5500 and 5500-E.	Z filed a	ifter the	e due o	date for the	plans listed	I in C abov
Y	ou must attach a copy of this Form 5558 to each Form 5500 and 5500-E.				date for the	plans listed	I in C abov
Y					date for the	plans listed	I in C abov
Yo te. A :	ou must attach a copy of this Form 5558 to each Form 5500 and 5500-E.				date for the	plans listed	I in C above
Yote. As	ou must attach a copy of this Form 5558 to each Form 5500 and 5500-E. signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions)	or Forn	n <u>5500</u> -		date for the	plans listed	I in C abov
Yote. As	cou must attach a copy of this Form 5558 to each Form 5500 and 5500-E. signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) equest an extension of time until	or Forn	n <u>5500</u> -	EZ			I in C abov
Yote. As	ou must attach a copy of this Form 5558 to each Form 5500 and 5500-E. signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions)	or Forn	n <u>5500</u> -	EZ			I in C abov
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Your te. As	cou must attach a copy of this Form 5558 to each Form 5500 and 5500-E. signature is not required if you are requesting an extension to file Form 5500 Extension of Time to File Form 5330 (see instructions) equest an extension of time until	or Forn	n <u>5500</u> -	EZ			I in C above
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You te. Assart III	equest an extension of time until to file Form 5330, and 5300-E. To make the property of the property	or Forn	0.	EZ			in C above
te. A start III 2 I r Yo a Er	equest an extension of time until to file Form 5330 (see instructions) equest an extension of time until to file Form 5330, after the Code section(s) imposing the tax	or Forn	0. a	EZ.	te of Form 5	330.	I in C above
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Your Your Your Your American British B	Extension of Time to File Form 5330 (see instructions) equest an extension of time until	or Forn	0. a	EZ.	te of Form 5	330.	I in C abov
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You te. A search III	Extension of Time to File Form 5330 (see instructions) equest an extension of time until	or Forn	0. a	EZ.	te of Form 5	330.	I in C abov