## 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.

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	art I	Annual Report I	dentification Infori	mation				
For	calenda	ar plan year 2009 or fise	cal plan year beginning	01/01/20	09	and ending	12/31/2	2009
Α	This ret	turn/report is for:	x single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan
		turn/report is for:	first return/report	Ī	final retur	n/report		
			an amended return/re	eport [	Short plar	n year return/report (less than 12 m	nonths)	
_	Chook I	box if filing under:	Form 5558		╡ :	extension	,	DFVC program
C	Check	box ii iiiiig under.	special extension (er	L tor docorint	_	CALCITISION		_ Di vo piogram
-		Dania Blandufan	<u> </u>					
	art II		mation—enter all requ	iested inforr	nation		1h	Three-digit
	Name	orpian & ROBINSON, MD, PA	1/01/K) DLAN				ID	plan number
KO I	ILIXOI	& RODINSON, MD, 17	(401(IX) I EAN					(PN) • 002
							1c	Effective date of plan
								01/01/2009
			ress (employer, if for sing	gle-employe	er plan)		2b	Employer Identification Number
KUT	TERUF	& ROBINSON, MD, PA	\				20	(EIN) 82-0350718 Plan sponsor's telephone number
1607	' LINCO	DLN WAY, SUITE 200					20	208-667-5483
COE	UR D A	ALENE, ID 83814					2d	Business code (see instructions)
								621111
		dministrator's name and & ROBINSON, MD, PA	d address (if same as Pla	an sponsor, 1607 LINCO			3b	Administrator's EIN 82-0350718
101	LIKOI	a redirect, mb, 17		COEUR D			3c	Administrator's telephone number
								208-667-5483
						port filed for this plan, enter the	4b	EIN
	name, I	EIN, and the plan numb	er from the last return/re	port. Spons	sor's name		40	PN
5a	Total	number of participants a	at the beginning of the pla	an vear			_	13
b								14
C						rear (defined benefit plans do not	30	14
							5c	15
6a	Were	all of the plan's assets	during the plan year inve	ested in eligi	ble assets?	(See instructions.)		X Yes No
b						ndent qualified public accountant (I		X Yes □ No
			•			ions.)SF and must instead use Form !		<u>N</u> 1es   NO
Pa	art III	Financial Inform		annot use	01111 3300	or and must instead use i orm t	, <del>,,,,,</del>	
7		Assets and Liabilities				(a) Beginning of Year		(b) End of Year
а					7a	(a) 20gg 0: 10a.		2903095
		plan liabilities			7b			
С	Net pl	an assets (subtract line	7b from line 7a)				0	2903095
8	Incom	ne, Expenses, and Trans	sfers for this Plan Year			(a) Amount		(b) Total
а	Contri	ibutions received or rec	eivable from:					· ·
	(1) E	mployers			8a(1)	1538	64	
	` ,	•			· · ·	614	74	
	<b>(3)</b> Of	thers (including rollover	s)		8a(3)	28080		
b		` ,				-1202	07	
C		` ' '	, 8a(2), 8a(3), and 8b)		8c			2903175
d		, ,	rollovers and insurance	•	8d			
е	Certai	in deemed and/or corre	ctive distributions (see in	structions)	8e			
f	Admin	nistrative service provide	ers (salaries, fees, comm	issions)	8f			
g	Other	expenses			8g		80	
h	Total e	expenses (add lines 8d	8e, 8f, and 8g)					80
i	Net in	come (loss) (subtract lir	ne 8h from line 8c)		8i			2903095
	Transf	fers to (from) the plan (s	see instructions)		8j			

Form 5500-SF 2009 Page <b>2-</b>  1	Р	ige <b>2-</b> 1	1
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Part IV	Plan	Characteristics	c
railiv	FIAII	CHALACLEH SUC:	

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

**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							
0	During the plan year:		Yes	No		Amou	ınt	
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)		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				
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					
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	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					. []	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or sec	ction 3	302 of I	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 instru granting the waiver.  Mor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	nth						ng 
	Enter the minimum required contribution for this plan year			12b				
	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 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							
3a	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 of the PBGC?	under	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 twhich assets or liabilities were transferred. (See instructions.)	he plar	n(s) to			1		
1	3c(1) Name of plan(s):		13	c(2) Ell	N(s)	13	3c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.			
Jnde SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return it is true, correct, and complete.	urn/rep	ort, in	cluding	g, if applic	,		
	. And the property of the control of							

SIGN	Filed with authorized/valid electronic signature.	10/11/2010	ANITA ROBINSON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/11/2010	ANITA ROBINSON
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

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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 Informati	on						
For	the calendar plan year 2009 or fiscal plan year beginning	2009-01-	-01 and ending	200	9-12-31			
Α	This return/report is for: x single-employer plan	multiple-emplo	yer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	final return/repo	ort					
	an amended return/report	short plan year	return/report (less than 12 n	nonths)				
C	Check box if filing under: x Form 5558	automatic exte	nsion	·	DFVC program			
•	special extension (enter des				j D. VO program			
		<del>_</del>						
	art II Basic Plan Information enter all requested Name of plan	ed information.		1h T	hree-digit			
ıa	Name of plan				lan number			
	Kutteruf & Robinson, MD, PA 401(k) Plan			<u>`</u>	PN) ▶ 002			
					Effective date of plan			
2a	Plan sponsor's name and address (employer, if for single-emp	lover plan)	-		Imployer Identification Number			
	Kutteruf & Robinson, MD, PA	, , , , , ,			EIN) 82-0350718			
	1607 Time-1- War Guite 000			10000-0	Plan sponsor's telephone number			
	1607 Lincoln Way, Suite 200				3usiness code (see instructions)			
US	Coeur d Alene ID 83814				521111			
3a	Plan administrator's name and address (If same as plan emplo	oyer, enter "Same")		3b A	Administrator's EIN			
	Same							
				3c /	3c Administrator's telephone number			
4	If the name and/or EIN of the plan sponsor has changed since	the last return/report fi	led for this plan, enter the	4b E	EIN			
	name, EIN and the plan number from the last return. Sponsor	s Name		4c F				
5a	Total number of participants at the beginning of the plan year		<del></del>	. 5a	13			
b	Total number of participants at the end of the plan year.				14			
C	Total number of participants with account balances as of the e	nd of the plan year (de	fined benefit plans do not					
<u></u>	complete this item)				15			
	Were all of the plan's assets during the plan year invested in e Are you claiming a waiver of the annual examination and repo		•		X Yes No			
b	under 29 CFR 2520.104-46? (See instructions on waiver eligib			· · · ·	X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot us	7		00.				
Pa	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
a	Total plan assets	7a			2,903,095			
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		0	2,903,095			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
a	Contributions received or receivable from:		450					
	(1) Employers	8a(1)	153,8	10.7				
	(2) Participants	8a(2)	61,4					
b	(3) Others (including rollovers)	8a(3)	2,808,0	14.3				
		8b	(120,20	/)				
d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiun			100	2,903,175			
	to provide benefits)			1274				
_								
е	Certain deemed and/or corrective distributions (see instruction	s) 8e		the second second				
f	Certain deemed and/or corrective distributions (see instruction Administrative service providers (salaries, fees, commissions)			1				
_				30				
f	Administrative service providers (salaries, fees, commissions) Other expenses	8f 8g		30	80			
f g	Administrative service providers (salaries, fees, commissions) Other expenses	8f 8g		30	80 2,903,095			

	Form 5500-SF (2009)	Pa	age <b>2-</b>	_				
Pai	t IV Plan Characteristics							
9a	<ul> <li>If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:</li> <li>2E 2G 2J 2K</li> <li>If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:</li> </ul>							
Pa	t V Compliance Questions		_					
10	During the plan year:	<del></del>		Yes No	Arr	ount		
а		within the time period	d described in	х				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	y Correction Program)	<u>10a</u>	^				
r	Were there any nonexempt transactions with any party-in-interest? (E on line 10a.)			х				
_			40-	x				
c								
	or dishonesty?			х				
e	Were any fees or commisions paid to any brokers, agents, or other p							
	insurance services or other organization that provides some or all of tinstructions.)			х				
f	Has the plan failed to provide any benefit when due under the plan?			х	1			
ç				х				
ŀ					Market Land	DELIVER N		
	2520.101-3.)			Х		MESSAGE AN		
i	If 10h was answered "Yes," check the box if you either provided the rexceptions to providing the notice applied under 29 CFR 2520.101-3							
Pa	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requiremen 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 applicab							
a								
I <sup>s</sup>	granting the waiver			Dа	y Y	ear		
k				. 12b				
c				4740				
C	Subtract the amount in line 12c from the amount in line 12b. Enter th	e result (enter a minus	s sign to the left of a	12d				
	negative amount)			•				
Course or	Will the minimum funding amount reported on line 12d be met by the	funding deadline? .			Yes	NoN/A		
-	t VII Plan Terminations and Transfers of Assets					Yes X No		
136	Has a resolution to terminate the plan been adopted during the plan if "Yes," enter the amount of any plan assets that reverted to the emp				<u> </u>			
-	Were all the plan assets distributed to participants or beneficiaries, tr		22 U 114 U U AA 117					
	of the PBGC?					Yes X No		
(	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another pl	lan(s), identify the plan(s	s) to				
-	13c(1) Name of plan(s):	-	-	13c(2) E	= INI/e)	13c/3) DN/c)		
	Toc(1) Name of plants).			130(2)	-114(5)	13c(3) PN(s)		
	ion: A penalty for the late or incomplete filing of this return/report							
SB	er penalties of perjury and other penalties set forth in the instructions, I or r Schedule MB completed and signed by an enrolled actuary, as well as f, it is true, correct, and complete.							
SI	GN Anta & Solenno		ANITA ROBINSON					
77.5	RE Signature of plan administrator	Date/0-06-10	Enter name of individu	al signing as	plan administ	rator		
SI	IN Chuita & Kolemin		ANITA ROBINSON	, , , , , , , , , , , , , , , , , , ,				
10000	RE Signature of employer/plan sponsor	Date 10 06 -10	Enter name of individu	al signing as	employer or r	olan sponsor		
				V V				

## 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

Part	Identification				
A	Name of filer, plan administrator, or plan sponsor (see instructions)  Kutteruf & Robinson, MD, PA	B Filer's identif			ons).
	Number, street, and room or suite no. (If a P.O. box, see instructions.)	82-03507	18		
	1607 Lincoln Way, Suite 200	Social security	y number (SSI	1)	
	City or town, state and ZIP code				
	Coeur d Alene ID 83814				
C	Plan name	Plan		year endi	
		number	MM	DD	YYYY
1	Kutteruf & Robinson, MD, PA 401(k) Plan	0 0 2	12	31	2009
2	2			-	
,				1	
Par	Extension of Time to File Form 5500 or Form 5500-EZ (s	ee instructions)			
1	request an extension of time until10 /_15 /_2010 to file Fo	rm 5500 or Form 550	0-EZ.		
	The application <b>is automatically approved</b> to the date shown on line 1 (above normal due date of Form 5500 or 5500-EZ for which this extension is requested months after the normal due date.				/2
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-Ea	7 filed after the due (	late for the	nlans listed	in C above
	Tournast attach a copy of this Form cook to cach Form cook and cook in	- med diter the due t	auto for the	Jiano notea	iii o above.
Note.	A signature is not required if you are requesting an extension to file Form 5500	or Form 5500-EZ.			
Par	Extension of Time to File Form 5330 (see instructions)				
2	I request an extension of time until to file Form 5330, after the second of the		te of Form 50	330.	
a	Enter the Code section(s) imposing the tax	. ▶ a			
	Total No. of the state of the state of		2.	1.1	
D	Enter the payment amount attached	*,* * * * * *	•	b	
c	For excise taxes under section 4980 or 4980F of the Code, enter the revision/a	amendment date		c	
3	State in detail why you need the extension	and and and		•	
	otate in actain why you need the extension				
	<del></del>				
				7410	
-					2002