## 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).

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.					
		dentification Information								
For	calendar plan year 2009 or fisc	cal plan year beginning 01/01/20	09	and ending 1	2/31/2	2009				
Α -	This return/report is for:	xingle-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:	Form 5558	automatio	extension		DFVC program				
		special extension (enter descript								
Do	rt II   Pacia Plan Infor						_			
		mation—enter all requested inform	nation		1h	Throo digit				
	Name of plan	ORTH IDAHO PROFIT SHARING PL	ΛNI		ID	Three-digit plan number				
IXADI	OLOGI AGGOCIATES OF NO	ACTION TO THE STANING TE	-//11			(PN) • 001				
					1c	Effective date of plan				
						07/01/1977				
2a	Plan sponsor's name and add	ress (employer, if for single-employe	er plan)		2b	Employer Identification Number				
RADI	OLOGY ASSOCIATES OF NO	ORTH IDAHO, PA				(EIN) 20-1072226	_			
					2c	Plan sponsor's telephone numbe	r			
	RONWOOD DRIVE, SUITE 11 BOX 2259	0			24	208-666-2376  Business code (see instructions)	_			
	JR D ALENE, ID 83816				Zu	621111				
3a	Plan administrator's name and	d address (if same as Plan sponsor,	enter "Same	<del>)</del> ")	3b	Administrator's EIN				
	OLOGY ASSOCIATES OF NO	ORTH IDAHO, PA 700 IRONW	OOD DRIV	E, SUITE 110		20-1072226				
		P.O. BOX 2 COEUR D /		33816	3с	Administrator's telephone numbe	r			
4 1	the second of the set				208-666-2376					
		an sponsor has changed since the lace from the last return/report. Spons		eport filed for this plan, enter the	4b EIN					
	iamo, Em, ana mo piamiamo		or o mamo		4c	4c PN				
5a	Total number of participants a	at the beginning of the plan year			5a	1	3			
b	Total number of participants a	at the end of the plan year			5b		4			
С		vith account balances as of the end			0.0		÷			
					5c	1	4			
6a	Were all of the plan's assets	during the plan year invested in eligi	ble assets?	(See instructions.)		X Yes N	10			
	Are you claiming a waiver of t	the annual examination and report of	f an indeper	ndent qualified public accountant (IQ	PA)					
				ions.)		Yes L N	10			
D-			Form 5500-	SF and must instead use Form 55	00.		_			
	rt III   Financial Inform	lation		I	1					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year	_			
а	Total plan assets		<u>7a</u>	3359228	-	470263	4			
b	·			(	)					
C	Net plan assets (subtract line	7b from line 7a)	7с	3359228	3	470263	4			
8	Income, Expenses, and Trans	sfers for this Plan Year		(a) Amount		(b) Total	_			
а	Contributions received or rece		90(4)	418205						
	• • • • • • • • • • • • • • • • • • • •		, ,		-					
				231000	,					
	, ,	s)	` '		_					
b	,			708574	08574					
C		, 8a(2), 8a(3), and 8b)	8c			135777	9			
d	1 \	rollovers and insurance premiums	8d							
е	•	ctive distributions (see instructions)								
f		ers (salaries, fees, commissions)								
g				14373	3					
h	·	8e, 8f, and 8g)		11070		1437	3			
i		ne 8h from line 8c)				134340				
i		see instructions)				104040				
J	Transition to (Intility the plant (S	,00 monaonomoj	8i	1						

Form 5500-SF 2009	Page <b>2-</b> 1
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Part IV	Plan	Characteristics	c
railiv i	ГІАП	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:

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 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					400000		
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		Х						
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		Х						
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		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 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	RISA?.		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 instruct granting the waiver.  Montlou 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		Г	12b						
	Enter the amount contributed by the employer to the plan for this plan year	10								
	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)	of a		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?		<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 u of the PBGC?	nder	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 the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to							
13c(1) Name of plan(s):				<b>13c(2)</b> EIN(s)				<b>13c(3)</b> PN(s)		
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.					
Jnde SB o	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/re it is true, correct, and complete.	rn/rep	ort, in	cluding	, if appli					
01	and the state of t									

SIGN	Filed with authorized/valid electronic signature.	10/12/2010	SCOTT VENERA				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	10/12/2010	SCOTT VENERA				
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

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(s) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection.

	Pension Benefit Gueranty Corporation	► Complete all entries in acco	ordance witi	h the instruction	ns to the Form 550	10-SF.	Ins	pecuon.		
		entification Information								
For	For the calendar plan year 2009 or fiscal plan year beginning 2009-01-01 and entling 2009-12-31									
A	This return/report is for:	single-employer plan	multiple-e	mployer plan (not	multiemployer)	1	one-participa	nt plan		
В	This return/report is for:	first return/report	final return	v/report						
	ñ	an amended return/report	short plan	year return/repor	t (less than 12 month	ns)				
_	범	Form 5558	automatic	extension		- 1	DFVC progra	m		
•	<b>X</b>	special extension (enter descriptio	-1			ı				
					****					
-	Name of plan  Name of plan	atlon — enter all requested info	ormation.	13		16	Three-digit			
Ia	reame or plan					10	plan number			
radiology associates of north idaho profit sharing plan							(PN) ►	001		
						100	Effective date of 1977-07-01	plan		
2a	Plan sponsor's name and address	remolover, if for single-emolover of	ian)				Employer Identif	cation Number		
	RADIOLOGY ASSOCIATES OF						(EIN) 20-10	72226		
						2c		elephone number		
	700 IRONWOOD DRIVE, SUI P.O. BOX 2259	110				24	(208) 666-2	see instructions)		
	COEUR D ALENE	ID 83816				u	621111	see maducators)		
<b>3</b> a	Plan administrator's name and add	dress (if same as plan employer, el	nter "Same")		_	3b	Administrator's EIN			
	Samo									
						3c	Administrator's t	nedmun enorgele		
4	if the name and/or EIN of the plan	sponsor has changed since the las	st return/repo	rt filed for this pla	n, enter the	the 4b EIN				
	name, E(N and the plan number fro	om the last return. Sponsor's Name	#			4c PN				
5a	Total number of participants at the	bacinning of the plan year				5a	<del>                                     </del>	13		
ь						5b		14		
C	Total number of participents with a complete this item)	ccount balances as of the end of the				Бc		14		
6a	Were all of the plan's assets during							X Yes No		
	Are you claiming a waiver of the ar	nnual examination and report of an	independent	qualified public a	ccountant (IQPA)					
	under 29 CFR 2520.104-46? (See	All and the second seco	VIOLENCE VIOLENCE VIOLENCE	All and				X Yes No		
	If you answered "No" to either 6:		m 5500-3F 8	na must instanc	use Form 5600.					
7	H. Financial Informat	uon	123033			-				
	Plan Assets and Liabilities		and the second	(a) Beg	inning of Year		(b) End	of Year		
a	Total plan assets		. 7a		3,359,228	_		4,702,634		
Þ	Total plan kabikties		- 7b		0	_				
<u>_c</u>			. 7c		3,359,228			4,702,634		
8	Income, Expenses, and Transfers t		100	(à)	Amount		(b) 1	otal		
a	Contributions received or receivable (1) Employers	a from:	. 8a(1)		418,205					
	(2) Participants		88(2)		231,000					
	(3) Others (including rollovers) .		- 8a(3)			- 60				
þ	Other income (loss)		. 8b		708,574					
C	Total income(add lines 8s(1), 8s(2)	), 8a(3), and 8b)	. Bc	Service of the	The second second	7	en a pares serva, per son	1.357,779		
ď	Benefits paid (including direct rollow	vers and insurance premiums			to the Tark Symbol (M. No.). So	2 E (4)	G-14/25-Z-4-3/65-Z-6	1.331,119		
	to provide benefits)		- 8ਹ			Series.	20 TF 180			
e	Certain deemed and/or corrective d		. 8e							
f	Administrative service providers (as	alarles, fees, commissions)	. 81			80.0				
9	Other expenses		. 8g		14,373	1013	57 美洲美洲滨	7、公司的复数是		
h	Total expenses (add lines 8d, 8e, 8	f, and 8g)	. 8h	great rati	了一块型原用A	3		14,373		
j	Net income (loss) (subject line 8h fr		. <u>Bi</u>		(2) 经现代			1,343,406		
Ĵ	Transfers to (from) the plan (see ins		. 8j			44	在最高的企作	N. S. S. F. 1988		
FO	Paperwork Reduction Act Notice	and OMB Control Numbers, see	the instruct	ions for Form 55	300-SF.		EA	m 5600_SE (200g)		

		Form 5500-3F (2009)		Page 2-		_				
Par	t IV	Plan Characteristics				v.		· · · ·		
_		plan provides pension benefits, enter the applicable pension feature. 2E 2G 2J 2K plan provides welfare benefits, enter the applicable welfare feature.								
1200				···						
		Compliance Questions		<u> </u>		Yes	No	1 —	A	
10		ring the plan year. Is there a failure to transmit to the plan any participant contribution	within the lima nada	d described in		163		<u> </u>	Amount	
	29	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian	y Correction Program	1)	10a		X			
D		ere there any nonexempt transactions with any party-in-interest? (I line 10a.)			100		x			
С		is the plan covered by a fidelity bond?			10c	x				400,000
q		the plan have a loss, whether or not reimbursed by the plan's fide						-	-	
		dishonesty?	177		10d		x			
е		re any fees or commissions paid to any brokers, agents, or other p						ſ		
		urance services or other organization that provides some or all of tructions.)		- 1 (MANAGE (A. C.)	10e	<u></u>	x			
f		s the plan failed to provide any benefit when due under the plan?			10f		x			-
g	Dі	the plan have any participant loans? (If "Yes," enter amount as of	(year end.)	<i>.</i>	10a		x			
h		nis is an individual account plan, was there a blackout period? (Se		CFR			¥	in the second		4.437
i		20.101-3.) Oh was answered "Yes," check the box if you either provided the r		of the	10h		_	\$42.55.50	iena (1989) September 1989 September 1989	Transfer
2.000	60%	eptions to providing the notice applied under 29 CFR 2520.101-3			10i				MINNEL.	多為關於
11		Pension Funding Compliance	4.025							
11		his a defined benefit plan subject to minimum funding requirement	is? (if "Yes," see instr			edule S			. □Yes	X No
12	Is	his a defined contribution plan subject to the minimum funding req	uirements of section						. Yes	XNo
	,	Yes," complete 12e or 12b, 12c, 12d, and 12e below, as applicable	N = 0 =							
a		walver of the minimum funding standard for a prior year is being a nting the waiver								
ify	100	nting the waiver completed line 12a, complete lines 3, 9, and 10 of Schedule Mi					LAHY	<b>/</b>	Year	
b	Ên	er the minimum required contribution for this plan year				. [	12b			
C		er the amount contributed by the employer to the plan for this plan				. [	12¢			
d	Su	pract the amount in fine 12c from the amount in line 12b. Enter the	result (enter a minus	s sign to the left of a		,	12d			
		ative amount)	4			•		Yes	No	N/A
Past	ALC: UNKNOWN	the minimum funding amount reported on tine 12d be met by the Plan Terminations and Transfers of Assets	mucing desastes.	<del></del>			<u></u> •			LINA
	-	a resolution to terminate the plan been adopted during the plan y	por or east prior year						. Yes	Tr No
100		es," enter the amount of any plan assets that reverted to the emp	1		•	- ا	13a	· · ·		<u> </u>
b	-	re all the plan assets distributed to participants or beneficieries, tra					134			
C	of t	ne PBGC? uring this plan year, any assets or liabilities were transferred from t th assets or liabilities were transferred. (See instructions.)						y • •	- Yes	X No
1		Name of plan(s):				130	(2) EI	IN(s)	1300	PN(s)
									100,0	. 11(3)
									Ì	
Cautic	m: A	penalty for the late or incomplete filling of this return/report w	rill be assessed unle	PRE BARRATANIA CALL	no in i	noemb()	e bod			
Under SB or	pena Sche	ilties of perjury and other penalties set forth in the instructions, I deduke MB completed and signed by an enrolled actuary, as well as rue correct, and complete.	cians that I have eve	mined this return/ren	ort in	el eline	Hon	olioghia -	Schedule dge and	
5161		1 ml	10-11-10	Scott Venera						
HEM	E :	ignatury of plan administrator	Date	Enter name of indiv	vich est	signia	1 88 6	ian admisis	-trates	
31(3)	96	And	10-11-13	Scott Venera	- rumated i	- All in it	, <u>40 p</u>	- guminu	a ator	
HER	1000	ignature of employer/plen sponsor	Date	Enter name of indiv	idi al	elania	7 88 6	mplower s-	nion coat	
				T. T. T. T. C. C. I. I. I.	· · · · · · · · · · · · · · · · · · ·	ALES IN N	, uo 10	mployer ar	high spons	<u> </u>