## 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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1			
		dentification Information							
For	calendar plan year 2010 or fisc	cal plan year beginning 01/01/201	0	and ending	2/31/2	2010			
Α -	This return/report is for:	single-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	year return/report (less than 12 mo	nths)				
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program			
		special extension (enter description	on)						
Pa	rt II Basic Plan Infor	mation—enter all requested inform	nation						
1a	Name of plan				1b	Three-digit			
POR'	TER HOUSE, INC. 401(K) PLΑ	AN				plan number 001			
						(PN) ▶			
					10	Effective date of plan 10/01/2009			
2a	Plan sponsor's name and add	ress (employer, if for single-employer	r plan)		2b	Employer Identification Number			
	TER HOUSE, INC.		μωπ		(EIN) 53-2231869				
1/130	17TH STREET, SUITE A		2c	Plan sponsor's telephone number 208-522-4218					
	O FALLS, ID 83404				2d	Business code (see instructions)			
					Zu	541330			
3a	Plan administrator's name and TER HOUSE, INC.	d address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN 53-2231869			
FUR	TER HOUSE, INC.	IDAHO FALI			30				
					30	Administrator's telephone number 208-522-4218			
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN			
1	name, EIN, and the plan number	er from the last return/report. Sponso	or's name		4c	DNI			
5a	Total number of participants a	at the beginning of the plan year			5a	0			
b		at the end of the plan year				0			
C		with account balances as of the end o			5b	·			
	• •			•	5c	0			
6a	Were all of the plan's assets	during the plan year invested in eligib	ole assets?	(See instructions.)		Yes No			
b		the annual examination and report of				X Yes ☐ No			
		(See instructions on waiver eligibility her 6a or 6b, the plan cannot use F		•					
Pa	rt III Financial Inform		01111 3300	or and must misteau use i orm so	00.				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
-	Total plan assets		7a	· · · · · · · · · · · · · · · · · · ·	0	(b) End of Teal			
b	. ota. p.a accord								
C	·	7b from line 7a)		(	0	0			
8	Income, Expenses, and Trans			(a) Amount		(b) Total			
а	Contributions received or received			(4) - 1111 - 1111		(a) result			
	` , ' ,				_				
	(2) Participants		8a(2)		4				
	(3) Others (including rollovers	s)	8a(3)		4				
b	Other income (loss)		8b						
C		, 8a(2), 8a(3), and 8b)	. 8c			0			
d	1 \	rollovers and insurance premiums	8d						
е	Certain deemed and/or correct	ctive distributions (see instructions)							
f		ers (salaries, fees, commissions)							
g	Other expenses		8g						
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				0			
i		ne 8h from line 8c)				0			
j		see instructions)							

	F	Form 5500-SF 2010 Page <b>2-</b>									
Par	t IV	Plan Characteristics									
Эа	If the 2E 2	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan plan provides welfare feature codes from the List of Plan plan provides welfare feature codes from the List of Plan plan plan plan plan plan plan plan p									
art	: <b>V</b>	Compliance Questions									_
0	Durir	ng the plan year:			Yes	No		An	nount		
а		there a failure to transmit to the plan any participant contributions within the time period desc CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		10a		X					
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions re ne 10a.)		10b		X					
С	Was	s the plan covered by a fidelity bond?		10c		X					
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by shonesty?		10d		X					
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carr rance service or other organization that provides some or all of the benefits under the plan? (Suctions.)	See	10e		X					
f	Has	the plan failed to provide any benefit when due under the plan?		10f		X					
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		X					
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)		10h		X					
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3		10i		X					
art	VI	Pension Funding Compliance									
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ()))	•				•	. [	Yes	, X N	No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of t	he Code	or se	ction 3	302 of I	ERISA?	. [	Yes	, X	No
	If a w	'es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  vaiver of the minimum funding standard for a prior year is being amortized in this plan year, se  ting the waiver.	Month								
_	•	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to r the minimum required contribution for this plan year			Г	12b					—
		r the amount contributed by the employer to the plan for this plan year			⊢	12c					—
	Subtr	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to titive amount)	the left o	f a		12d					_
е	J	the minimum funding amount reported on line 12d be met by the funding deadline?					Yes		No	N/A	A
	VII	Plan Terminations and Transfers of Assets									
3a	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?							Yes	X N	No
		es," enter the amount of any plan assets that reverted to the employer this year				13a			_		_
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or le PBGC?	brought ui	nder		ntrol			Yes	, X N	No

## Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

c 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):

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	09/27/2011	DAVID PORTER
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 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

2010

This Form is Open to Public Inspection

	7 Complete an entitle in assert					
Fr	Annual Report Identification Information	1/01/20	10 and ending		12/31/201	0
	V cindo employer plan				one-participa	
A	This returning point is for.		ployer plan (not multiemployer)		Olle-bailicipa	it bigit
В	This return/report is for:	final return/	•	41		
	an amended return/report		rear return/report (less than 12 mo	ntns)	D	
C	Check box if filing under:	automatic e	xtension		DFVC progra	m
	special extension (enter description	n)				
Pa	rt I Basic Plan Information—enter all requested information	ation		T		
	Name of plan			1b	Three-digit	
	Porter House, Inc. 401(k) Plan				(PN)	001
				1c	Effective date of	plan
					10/01/2009	)
2a	Plan sponsor's name and address (employer if for single-employer Porter House, Inc.	plan)		2b	Employer Identif	ication Number
	Porter House, Inc.			20	(EIN) 53-223	elephone number
				26	(208) 522-4	
	1430 17th Street, Suite A			2d	Business code (	see instructions)
	Idaho Falls		ID 83404	-	541330	
	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same"	)	3b	Administrator's	ΞIN
	Same			3c	Administrator's 1	elephone number
						·
4	f the name and/or EIN of the plan sponsor has changed since the las	st return/rep	ort filed for this plan enter the	4b	EIN	
1	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	PN	
52	Total number of participants at the beginning of the plan year			5a		0
	Total number of participants at the end of the plan year.			5b		0
	Total number of participants with account balances as of the end of					
С	complete this item)			5c		0
6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (	See instructions )			X Yes   No
b	Are you claiming a waiver of the annual examination and report of	an independ	dent qualified public accountant (l	QPA)	n	X Yes No
	under 29 CFR 2520 104-46? (See instructions on waiver eligibility of tyou answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-S	F and must instead use Form 5			
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
a	Total plan assets	7.				
	lotal plan assets	7 <u>a</u>		0		0
b	·			0		
	Total plan liabilities	7b		0		
	·	7b	(a) Amount		(b) <sup>1</sup>	0
	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7b 7c	(a) Amount		(b)	0
c 8	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:  (1) Employers	7b 7c 8a(1)	(a) Amount		(b) 1	0
c 8	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	7b 7c 8a(1) 8a(2)	(a) Amount		(b) 1	0
c 8	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3)	(a) Amount		(b) 1	0
c 8	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Amount		(b) 1	0
8 a b	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3)	(a) Amount		(b) 1	0 <b>Total</b>
8 a	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Amount		(b) 7	0 <b>Total</b>
8 a b c	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Amount		(b) 1	0 <b>Total</b>
8 a b c	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(a) Amount		(b)	0 Total
8 a b c d e f	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(a) Amount		(b) 1	0 Total
8 a b c d e f g	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Amount		(b) 7	0 O
8 a b c d e f	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Amount		(b) 7	0 Total

Page 2-	Page	2-			
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Form	5500-	SE	2010
501111	JJUU-	O.	ZU II

Par	Plan Characteristics				1 . 1 . 4					
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
<b>L</b>	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:									
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Flan Grandstened Codes.										
Part	V Compliance Questions									
10	During the plan year:			Yes	No		mount			
а	Was there a failure to transmit to the plan any participant contributions with	in the time perio	od described in		x					
	29 CFR 2510 3-102? (See instructions and DOLs Voluntary Fiduciary Cor Were there any nonexempt transactions with any party-in-interest? (Do not	rection Program	1) 10a							
b	on line 10a)	include transac	10b		Х					
С	Was the plan covered by a fidelity bond?				Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bo	used by fraud		Х						
	or dishonesty?									
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)									
f	Has the plan failed to provide any benefit when due under the plan?				Х					
a	Did the plan have any participant loans? (If 'Yes,' enter amount as of year				Х					
	If this is an individual account plan, was there a blackout period? (See instr	ructions and 29	CFR		Х					
	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the require	ad antice or one	of the		^			Carriers		
ı	exceptions to providing the notice applied under 29 CFR 2520.101-3		10i		Х					
Part	VI Pension Funding Compliance									
11	- 2 // SIN/or II and instructions and complete Schedule SB (Form									
42	Is this a defined contribution plan subject to the minimum funding requirem	ents of section	412 of the Code or se	ection (	302 of E	RISA?	Yes	X No		
12	Is this a defined contribution plan subject to the minimum randing requirement	101110 01 000					_			
	(If "Yes," complete 12a or 12b 12c, 12d, and 12e below as applicable)	d in this slass	voor coo instructions	ande	enter the	e date of th	e letter ri	ılina		
а	If a waiver of the minimum funding standard for a prior year is being amortized granting the waiver.	zed in this plan		anac	Day_		Year			
l f	granting the waiver.  you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	rm 5500), and	skip to line 13.							
 h	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 resu negative amount)	ılt (enter a minu:	s sign to the left of a		12d					
e	Will the minimum funding amount reported on line 12d be met by the fundir	ng deadline?				Yes	No	N/A		
	VII Plan Terminations and Transfers of Assets									
or many value of the first	Has a resolution to terminate the plan been adopted during the plan year o	r any prior year	?				Yes	X No		
	If "Ves," 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, transfer of the PBGC?	rred to another	olan or brought unde	r the c			Yes	No X		
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	olan to another p	blan(s), identify the pla							
	13c(1) Name of plan(s):			13	ic(2) El	N(s)	13c(	3) PN(s)		
	<del></del>									
						· ·				
Can	tion: A penalty for the late or incomplete filing of this return/report will	be assessed u	nless reasonable ca	use is	establ	ished.				
		ore that I have a	vamined this return/re	eport. I	ncluain	g, ii applica	ible, a Sc	hedule		
SB (	or Schedule MB completed and signed by an enrolled actuary as well as the of, it is true, correct, and opmplete	electronic vers	ion of this return/repo	rt, and	to the i	est of my		e and		
SIC	David Parter	]	David Porter							
HE		e	Enter name of individ	dual sig	gning a	s plan adm	inistrator			
SIC										
HE	400000	e	Enter name of indivi	dual sig	gning a	s employer	or plan s	ponsor		