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

2010

This Form is Open to Public Inspection

Р	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	al plan year beginning 01/01/201	10	and ending 1	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 mor	nths)			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program		
	9	special extension (enter descripti	on)					
Da	rt II Basic Plan Infor	mation—enter all requested inform	,					
	Name of plan	mation—enter all requested inform	ialion		1h	Three-digit		
		RTH IDAHO PROFIT SHARING PL	AN		10	plan number 001		
					4.	(PN)		
					10	Effective date of plan 07/01/1977		
2a	Plan sponsor's name and add	ress (employer, if for single-employer	r nlan)		2h	Employer Identification Number		
	OLOGY ASSOCIATES OF NO		ριατή		_~	(EIN) 20-1072226		
		_			2c	Plan sponsor's telephone number		
	RONWOOD DRIVE, SUITE 11 BOX 2259	0				208-666-2376		
	JR D ALENE, ID 83816				2d	Business code (see instructions) 621111		
3a	Plan administrator's name and	l address (if same as Plan sponsor, e	enter "Same		3b	Administrator's EIN		
RADI	OLOGY ASSOCIATES OF NO	RTH IDAHO, PA 700 IRONW P.O. BOX 22	OOD DRIV	E, SUITE 110		20-1072226		
		COEUR D A		33816	3с	Administrator's telephone number 208-666-2376		
4 1	the name and/or EIN of the pl	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN		
-	name, EIN, and the plan number	er from the last return/report. Sponse	or's name		4-			
- F-0	Total constant and a self-basels	t the best state of the also come			4c			
		t the beginning of the plan year			5a	15		
b		t the end of the plan year			5b	15		
	• • •	vith account balances as of the end c		•	5c	15		
6a	Were all of the plan's assets	during the plan year invested in eligib	ole assets?	(See instructions.)		Yes No		
b				ndent qualified public accountant (IQI		XI v D v.		
				ions.)		Yes No		
Da	rt III Financial Inform		orm 5500-	SF and must instead use Form 55	00.			
		ation				4.5		
7	Plan Assets and Liabilities			(a) Beginning of Year 4713253	2	(b) End of Year 5727732		
	Total plan assets		7a	4710200	,	3121132		
b	•			4713253	,	5727732		
<u>C</u>		7b from line 7a)	. 7с		•	3121132		
8	Income, Expenses, and Trans			(a) Amount		(b) Total		
а	Contributions received or received (1) Employers	eivable from:	8a(1)	428016	6			
	` , , ,		` '	241260)			
	` , .	3)		()			
b	` ` ` ` ` `			463856	3			
	` ,					1133132		
c d		8a(2), 8a(3), and 8b)rollovers and insurance premiums	8c					
u			8d	100000)			
е	Certain deemed and/or correct	tive distributions (see instructions)	8e					
f	Administrative service provide	rs (salaries, fees, commissions)	8f	18653	3			
g	Other expenses		8g					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h			118653		
i	Net income (loss) (subtract lin	e 8h from line 8c)	8i			1014479		
i	Transfers to (from) the plan (s	ee instructions)	. 8i					

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Part IV	Plan	(`hara	cteristics
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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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

		<u> </u>							
art	٧	Compliance Questions				1			
0		ng the plan year:		Yes	No		Amo	unt	
а		there a failure to transmit to the plan any participant contributions within the time period described in 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 reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c	X				400	0000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	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						
art	VI	Pension Funding Compliance							
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					[Yes X	No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	🗌	Yes X	No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	gran	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.	th						
-		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	405	1			
b	Ente	r the minimum required contribution for this plan year			12b				
		r the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left stive amount)			12d				
е	Will 1	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo l	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 "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?				•		Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne plai	n(s) to)				
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)	1	13c(3) PN	l(s)
aut	ion: /	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	lished.			
Во	· Šche	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retued adule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	10/17/2011	SCOTT VENERA				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	10/17/2011	SCOTT VENERA				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

OMB Nos. 1210-6110

1210-0089

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Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 164 and 4065 of the Employee

2010

Em	Department of Lebor Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Employee Benefits Security Administration Internal Revenue Code (the Code). This Form is Open to Public									
-	Fension Benefit Guerrenty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Annual Report Identification Information										
For	the calendar plan year 2010 or fiscal plan year beginning	01/01	L/2010 and ending	12	/31/2010					
Α	This return/report is for: x single-employer plan	multiple-er	nployer plan (not multiemployer)		one-participant plan					
B	This return/report is for:	final retum	/report							
	an amended return/report	short plan	y c ar return/report (less than 12 monti	1 s } 	_					
C	Check box if filing under: X Form 5558	automatic	extension	Ĺ	DFVC program					
-	special extension (enter description)								
	Basic Plan Information — enter all requested information	mation.		eh .	7					
14	Name of plan		4		Tivree-digit plan number					
	RADIOLOGY ASSOCIATES OF NORTH IDAHO PROFIT SHA	NOSI		(PN) ► 001						
				1C Effective date of plan 07/01/1977						
2a	and the second s	lan)			Employer Identification Number					
	syntotock vesociates of Hobit Lustui by				(FIN) 30-1077776					
	and the state of t									
	'				``` ` "! * '					
					1					
	700 IBONNOOD DRIVE, SUITE 110				Plan sponsor's telephone number (208) 666-2376					
US	P.O. BOX 2259 COEUR D ALENE ID 83816			2d	Business cade (see Instructions)					
32	Plan administrator's name and address (if same as plan employer, el	nter "Same")		621111 Administrator's EIN					
	Same									
				3¢ /	Administrator's telephone number					
4	If the name and/or EIN of the plan sponsor has changed since the last	st return/rep	ort filed for this plan, enter the	4bı	EIN					
	name, EIN and the plan number from the last return/report. Sponsors	Name		4b (
5a	Total number of participants at the beginning of the plan year	Name		4c (PN 15					
	Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year	Name		4c 1	PN					
5a b c	Total number of participants at the beginning of the plan year. Total number of participants at the end of the plan year. Total number of participants at the end of the plan year. Total number of participants with account balances as of the end of the complete this item).	Name	r (defined benefit plans do not	4c (PN 15					
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5abc 6ab 7 abc 8 a bcd efg.	Total number of participants at the beginning of the plan year. Total number of participants at the end of the plan year. Total number of participants with account balances as of the end of the complete this item) Were all of the plan's assets during the plan year invested in eligible and any out daiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and fryou answered "No" to either 6a or 6b, the plan cannot use Form Financial Information Flan Assets and Liabibiles Total plan liabibiles Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Flan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c).	s Name ne plan yeal sasets? (Se independed d conditions n 5500-SF 4 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(defined benefit plans do not e instructions.) nt qualified public accountant (IQPA) and must instead use Form 5500. (a) Beginning of Year 4,713,253 4,713,253 (a) Amount 428,016 241,260 0 463,856	4c 5a 5b 5c	15 15 15 15 15 15 15 15 15 15 15 15 15 1					
5abc 6ab 7 abc 8 a bcd efghii	Total number of participants at the beginning of the plan year. Total number of participants at the end of the plan year. Total number of participants with account balances as of the end of the complete this item) Were all of the plan's assets during the plan year invested in eligible and any of the plan year invested in eligible and a you daiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and flyou answered "No" to elther 6a or 6b, the plan cannot use Form Financial Information Flan Assets and Liabibilies Total plan assets Total plan flabibilies Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Flan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Total expenses Total expenses	s Name ne plan year sasets? (Se independed d conditions n 5500-SF a 7a 7b 7c 8a(1) 8a(2) 8a(3) Bb 8c 8d 8e 8f 8g 9h 8l	(defined benefit plans do not e instructions.) nt qualified public accountant (IQPA) i.) (a) Beginning of Year 4,713,253 4,713,253 (a) Amount 428,016 241,260 0 463,856	4c 5a 5b 5c	15 15 15 15 15 15 15 15 15 15 15 15 15 1					

	Fo	rm 5600-SF 2010	Р	age 2-		~				
Par	¥IV	Plan Characteristics								. 4
9a	If the pl	an provides pension benefits, enter the applicable pension featu	re codes from the Lis	it of Plan Character	istic (Codes	in the	instructions:		
	21	s 2G 2J 2K an provides welfare benefits, enter the applicable welfare feature								
-		Compliance Questions								
10		g the plan year:				Yes	No	Дп	cunt	
a		g the pair year. there a failure to transmit to the plan any participant contribution	within the time perio	d described in		, , ,				
h	29 CI	FR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary	Correction Program		102		X		-,	
		there any nonexempt transactions with any party-in-interest? (E		mous reported	105		x			
C	Was	the plan covered by a fidelity bond?			100	x.			ŧ	00,000
d	Did th	ne plan have a loss, whether or not reimbursed by the plan's fide thonesty?	lity bond, that was ca	used by fraud	10d		x			
e	insura	any fees or commisions paid to any brokers, agents, or other pance services or other organization that provides some or all of to clions.}	ersons by an insuran he benefils under the	ce carrier, plan? (See	10a		I			
ŧ	Has t	he plan failed to provide any benefit when dua under the plan?			401		x		****	
	,	he plan failed to provide any benefit when the uniter the plan?								
9	Did th	re 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. 101-3.)	e instructions and 29	CFR			r			
i	lf 10h	was answered "Yes," check the box if you either provided the rotions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the	10h 10ì		<u> </u>			
Par	rvi F	Pension Funding Compliance	<u> </u>		1.01	l		120212	and the second	Sales Sales Sales
11	ls this 5500)	a defined benefit plan subject to minimum funding requirement		uctions and comple	te Sc	heduk	SB (Form	∐Yes	X No
12	is this	a defined contribution plan subject to the minimum funding req	uirements of section	412 of the Code or	section	n 302	OFER	ISA?	Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl								
a	granti	aiver of the minimum funding standard for a prior year is being a ing the walver		Mon				date of the let		
ь	_	the minimum required contribution for this plan year	•	•		. Г	125			······································
C		the amount contributed by the employer to the plan for this plan					12c			
d	Subtr	act the amount in line 12c from the amount in line 12b. Enter the ive amount)	result (enter a minu				12d			
e	Ser. Accessor	ne minimum funding amount reported on line 12d be met by the	funding deadline? .	· · · · · ·	•	<u> </u>	<u> </u>	Yes [No [_N/A
		Plan Terminations and Transfers of Assets	· · · · · · · · · · · · · · · · · · ·							
13a		resolution to terminate the plan been adopted during the plan y						• • • •	Yes	IX IND
h		s," enter the amount of any plan assets that reverted to the emp					13a			LEL!
	of the	all the plan assets distributed to participants or beneficiaries, tra PBGC?							Yes	XNo
		assets or liabilities were transferred. (See instructions.)								
	13c(1) N	Name of plan(s):		:		13	c(2) E	IN(s)	13c(3)	PN(s)
							L12			
		enalty for the late or incomplete filing of this return/report w							Daha dula	
SB or belief	r Schedi I, it is tru	es of perjury and other penalties set forth in the instructions, I do ule MB completed and signed by an enrolled actuary, as well as ef, correct, and complete.								
	超 /	for le	18-14-11	Scott Venera						
	S S	grature of plan administrator	Date	Enter name of ind	lvldua	ıl signi	ng as	plan administi	ator	
		July 1	10-14-11	Scott Venera						···
THE	RE SI	gnature of employer/plan sponsor	Date	Enter name of Indi	lvidua	ı signi	ng as	employer or p	lan spons	or

5500-SF Electronic Filing Authorization

Plan Name:

RADIOLOGY ASSOCIATES OF NORTH IDAHO PROFIT SHARING PLAN

EIN/PN:

20-1072226/001

Plan Year:

01/01/2010 - 12/31/2010

I hereby authorize Magnuson, McHugh & Co. PA to electronically file the above return with the OS Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SP for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

Ini mal

10-4-1

(date)

Plan Sponson

(sign)

/----