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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	n the instructions to the Form 5500	0-SF.				
Pa	art I Annual Report Id	lentification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/2010	0	and ending 1	2/31/2	2010			
A	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan		
В	This return/report is for:	n/report		_					
		an amended return/report	short plan	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	extension		DFVC progr	am				
				☐ b b.					
Do	rt II Pacia Plan Inform	special extension (enter description							
		nation—enter all requested information	ation		1h	Three-digit			
	Name of plan TERUF & ROBINSON, MD, PA	401(K) PLAN			10	plan number	000		
		10.1(19): 27.11				(PN) ▶	002		
					1c	Effective date of			
						01/01/	2009		
	Plan sponsor's name and addre TERUF & ROBINSON, MD, PA	ess (employer, if for single-employer	plan)		2b Employer Identification Number 82-0350718				
KUI	ERUF & RUBINSON, MD, PA				20	(LIIV)	telephone number		
	LINCOLN WAY, SUITE 200				20	208-66	67-5483		
COE	JR D ALENE, ID 83814				2d		(see instructions)		
						62111			
3a KUT	Plan administrator's name and ERUF & ROBINSON, MD, PA	address (if same as Plan sponsor, e	nter "Same LN WAY. S	e") SUITE 200	3b Administrator's EIN 82-0350718				
		COEUR D AI	LENE, ID 8	33814	3c	3c Administrator's telephone number			
					•		67-5483		
	•	in sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
- 1	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		40	PN			
5a	Total number of participants at	the beginning of the plan year			тс 5а				
	, ,	the end of the plan year							
			5b		19				
С	·	th account balances as of the end of		` .	5c		17		
6a	•	uring the plan year invested in eligib					X Yes No		
	•	e annual examination and report of		'					
	,	See instructions on waiver eligibility a		,			Yes No		
-		er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.				
	rt III Financial Informa	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year 2903095		d of Year 4746404			
	Total plan assets		. 7a	2903093	,		4740404		
b	•		. 7b	2903095	95 4746404				
<u>C</u>	· ·	'b from line 7a)	7c						
8	Income, Expenses, and Transf			(a) Amount		(b)	Total		
а	Contributions received or recei		8a(1)	74996	6				
		ers 8a(1) 62211 ants 8a(2)			18				
	• • • • • • • • • • • • • • • • • • • •)		1228451	51				
b	, ,			487343	3				
C	, ,	8a(2), 8a(3), and 8b)	8c			1853008			
d	, , , ,	rollovers and insurance premiums	. 00						
-	to provide benefits)		. 8d	8579					
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e						
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f	1120					
g	Other expenses		. 8g						
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h				9699		
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				1843309		
i	Transfers to (from) the plan (se	ee instructions)	8i						

Form 5500-SF 2010 Page 2-	Page 2-
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Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onal a	SIGH SHOS

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

	ii uic	s plant provides wellare benefits, enter the applicable wellare realtire codes from the cist of Flant Chara-			200 111		otions.			
art	٧	Compliance Questions								
0	Dur	ing the plan year:		Yes	No	Amou		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)									
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
С	Wa	s the plan covered by a fidelity bond?	10c	X					500000	
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud lishonesty?	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.)									
f	Has the plan failed to provide any benefit when due under the plan?									
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.)				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									
art	VI	Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))									
2	ls tl	his 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 "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
_		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		г	401	1				
b	Ente	er the minimum required contribution for this plan year			12b					
		er 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 lef negative amount)								-	
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	N	Ю	N/A	
art	VII	Plan Terminations and Transfers of Assets								
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes	X No	
	If "Y	es," 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 under the control of the PBGC?								X No	
С	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.)									
1	13c(1) Name of plan(s):				c(2) El	IN(s)	1	13c(3)	PN(s)	
Cauti	ion.	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	estab	lished				
Jnde SB or	r per Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retued to the MB completed and signed by an enrolled actuary, as well as the electronic version of this return/true, correct, and complete.	urn/re _l	oort, in	cludin	g, if appli				

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

Oct. 12, 2011 9:32AM 667-9174 Main Line No. 0730 P. 2/4 OMB Nos. 1210-0110 Short Form Annual Return/Report of Small Employee Form 5500-SF 1210-0089 Benefit Plen Department of the Treasury (nterns) Revenue Berylos 2010 This form is required to be filled under sections 104 and 4055 of the Employee Retirement income Security Act of 1974 (ERISA), and section 5050(a) of the Department of Labor This Form is Open to Public Employee Benefits Security Administration Internal Rovenue Code (the Code). inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-9F. Annual Report Identification Information 01/01/2010 and ending 12/31/2010 For the calendar plan year 2010 or flace) plan year beginning x singlè-omployer plan This return/report is for: multiple-employer plan (not multiemployer) ona-participant plan This return/report is for: first return/report final return/report an amanded return/report abort pish year return/report (less than 12 months) DFVC program Bulamatic extension Form 5558 C Check box if filing under: apacial extension (enter description) Basic Plan Information --- enter all requested information. 1b Three-digit 1a Name of plan pian number 002 Kutteruf & Robinson, MD, PA 401(k) Plan (PN) > 1C Effective date of plan 01/01/2009 28 Flan eponeor's name and address (employer, if for single-employer plan) Employer Identification Number (EIN) 82-0350718 Kutteruf & Robinson, MD, PA 20 Plan aponsor's telephone number 1607 Lincoln Way, Suite 200 (208) 667-5483 Business code (see instructions) US Coour d Alene 621111 3b Administrators EIN Plan administrator's name and address (if same as plan amployor, order 'Some') Same: 3C Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the lest return/report filed for this plan, enter the 4b EIN name, EIN and the plan number from the tast return/report. Sponsor's Name 40 FN Бa 16 Total number of participants at the end of the plan year. 5b 19 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this fiem) 5c Were all of the plante assets during the plan year invested in eligible sesses? (See instructions.) X Yes No Are you deliming a waiver of the annualiexamination and report of an independent qualified public accountant (IQFA) X Yes No under 29 CFR 2520.104-46? (Sae instructions on waiver eligibility and conditions.) if you answered "No" to either 64 or 65, the plan cannot use Form 5500-3F and must include use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Total plan essais . 4,746,404 78 2,903,095 Total pien liabilities 7b 2,903,095 4,746,404 Ċ Net plan seedle (aubtract line 7b from line 7a) 7e В (a) Amount (b) Total Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers . . . 0a(1) 74.996 62,210 84(2) Ba(3) 1,228,451 (3) Others (including rollovers). . . '-487,949 Other income (loss) . øþ Total income(add lines 8a(1), 8a(2), 8a(9), and 8b) 85 1,653,006 Benefits paid (including direct reliovers and insurance premiums to provide benefits) 8,579 9 Certain deemed and/or corrective distributions (ass instructions) . Re 51 Administrative service providera (asiarias, fees, commissions) . . . 1,120

BB

8h

81

Other expenses

Total expanses (add lines 6d, 6e, 8f, and 6g) .

Net Income (tosé) (cubtract line 8h from line 8c).

1,843,309

9,699

Oct. 12. 2011 9:33AM! 667-9174 Main Line

No. 0730 P. 3/4

···	Form 5500-8F 2010	Page Z-								
	Plan Characteristics	· · · · · · · · · · · · · · · · · · ·		,						
9B. If the plan provides pension benefits, enter the applicable pension feature codes from the Liet of Plan Characteristic Codes in the instructions: 2B. 2C. 2J. 2X. b. If the plan provides welfare benefits, enter the applicable welfare feature codes from the Liet of Plan Characteristic Codes in the Instructions:										
jë d	Compliance Questions			ı						
10	During the plan year:					Yes	No		Amount	
	Was there a fallure to transmit to the	plan any participant contribution	within the time perlo	d described in	10a		x			
þ	zə CFR 2510.3-102? (See İnstructlor Ware there any nonexempt transacti on line 10a.)	is and DOL's Voluntary Flouding one with any party-in-interest? (E	/ Correction Program to not include transat	ons reported	10b		ж			······································
c		nd9			10c	X				500,000
d	·		olly bond, that was ca	sused by fraud	100		x			
8	Were any fees or commissions poid id insurance services or other organizationstructions.)	ion that provides some or all of t	ersons by an insuran he benefits under the	ce camler, plan? (See	10a		ж			
f	Hee the plan falled to provide any be	neffi when due under the plan?		1 t . 1 r r	10f		X			
g	Did the plan have any participant loss	na? (If "Yes," enter amount as of	'year end.)	. 4	10g		х			
h	if this is an individual account plan, w 2520.101-3.)			GFR	10h	~	×	30		
	if 10h was answered "Yes," check the exceptions to providing the notice ap-	biled under 29 CFR 2520.101-3			10i					
		llance			P					
11	le this a defined benefit plan subject (p minimum junding requirement	a? ()("Yez," 500 instr	uctions and comple	10 30	ueani	6 2B (I	FORTH	Yes	X No
12	is this a defined contribution plan sub (if "Yes," complete 12e or 12b, 12c, 1	2d, and 12a below, as applicabl	o.)						. 🗆Yeş	
3 .				, 🗜 . Mon	ns, ar th	id ent	er the C Day	date of the	Year	
b G		i		1		. Г	12b			
c	Enter the amount contributed by the	, ,		}			12¢		_	
d	Subtract the amount in line 12c from		result (enter a minu	s algn to the left of	a 	. [12ď			
B	Will the minimum funding amount rep	orted on line 12d be met by the	funding deadline? .		7 1		, ,	Yes	□No	□ N/A
1	Plan Terminetions and	Transfers of Assets							- page	
13a	Has a resolution to terminate the plan	,		1	• •	٠,٠	• •		, LJY05	X No
	If "Yes," enter the emount of any plan				1 1	<u></u>	13a			
	Wars all the plan assets distributed to of the PEGC?						***		. <u> </u>	⊠ Nο
-	which assets or liabilities were transfe	wid' (200 ibipricijous)	189 high to allogies b	ands), toothiny mo p	1011(0)					
-	13o(1) Name of plan(s):			<u> </u>		15	(2) E	IN(s)	130(3)	PN(6)
,								· · · · · · · · · · · · · · · · · · ·		
Caution: A penalty for the late or incomplete filing of this return/report will be associated unless reasonable cause is catablished.										
3B (1)	r penalties of perjury and other penaltie Schedule MB completed and signed by , it is true, ogreat, and complete.	s set forth in the instructions, i do y an effolied actuary, as well as	ociaro ihal i havo exe (he electronic version	nymuser eith benimi agailymuser sidt to r	sport, rt, and	includ I to th	ding. (f ne best	applicable, of my know	eluberioë e Bris sgbeiv	1
	1 Valte & 1	Jalenson v	· ·	ANITA ROBINS	ON	***************************************		_	**************************************	*-
	Signature of plan administrator	<u> </u>	Date /6 - (2-1)	Enter name of Ind) sign	ing as	plan admin	latrator	
		UKAT V	•	ANITA ROBINS						
	Signature of employer/plan spor		Dale 10-17-11	Entername of Ind	lykiua	sign	ing as	employer o	r plan spon	ior

667-9174 Main Line

No. 0730 P. 4/4

5500-SF Electronic Filing Authorization

Plan Name:

Kutteruf & Robinson, MD, PA 401(k) Flan

BIN/PN:

82-0350718/002

Flan Year:

01/01/2010 + 12/31/2010

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

I have signed Form 5500-SF 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 size for public disclosure.

Plan Administrator

sign)

10-12-2011

(deta)

Plan Sponson

(sign)

16-12-2011