## 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

2010

OMB Nos. 1210-0110

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.				
		dentification Information							
For	calendar plan year 2010 or fisc	cal plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
Α.	This return/report is for:	x 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	n 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	ation						
	Name of plan		idilon		1b	Three-digit			
	TH IDAHO CREDIT 401(K) PL	.AN				plan number 001			
	, ,					(PN) •			
					1c	Effective date of plan			
	<u> </u>				O.L.	10/01/2004			
	Plan sponsor's name and add TH IDAHO CREDIT CORP.	ress (employer, if for single-employer	· plan)		<b>∠</b> D	Employer Identification Number (EIN) 82-0363604			
	THIBATTO ONE BIT CONT.				2c	Plan sponsor's telephone number			
	NORTH 3RD STREET JR D ALENE, ID 83814					208-667-5491			
COL	JN D ALLINE, ID 03014				2d	Business code (see instructions) 522298			
32	Dlan administratoria nama ana	d address (if some as Dlen spensor a	ntor "Com	2"\	2 h	Administrator's EIN			
NOR	TH IDAHO CREDIT CORP.	d address (if same as Plan sponsor, e	H 3RD STF	REET	30	82-0363604			
		COEUR D A	LENE, ID 8	33814	3с	Administrator's telephone number			
					208-667-5491				
		lan sponsor has changed since the la er from the last return/report. Sponso		eport filed for this plan, enter the	4b	EIN			
	iame, Lin, and the plan numb	er from the last return/report. Sponst	oi s name		4c	PN			
5a	Total number of participants a	at the beginning of the plan year			5a	8			
b		at the end of the plan year			5b	8			
С	• •	with account balances as of the end o			0.0				
	• • •			•	5c	8			
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 Vac D Na			
		(See instructions on waiver eligibility		•		^ Yes   No			
Pa	rt III Financial Inform	her 6a or 6b, the plan cannot use F	Orm 5500-	SF and must instead use Form 55	υυ.				
7	Plan Assets and Liabilities	iation		(a) Denimain a of Year		(b) End of Year			
-	Total plan assets		7-	(a) Beginning of Year	3	132256			
a b	. otal pian according		. 7a . 7b		+				
C		7b from line 7a)		123653	3	132256			
8			. 7с						
а	Income, Expenses, and Trans Contributions received or received			(a) Amount		(b) Total			
a			. 8a(1)						
	(2) Participants		8a(2)	2999	)				
	(3) Others (including rollovers	s)							
b	Other income (loss)		8b	5604	1				
С	Total income (add lines 8a(1)	, 8a(2), 8a(3), and 8b)	8c			8603			
d		rollovers and insurance premiums	6.1						
Δ		ctive distributions (see instructions)	. 8d						
e f		ctive distributions (see instructions)							
t		ers (salaries, fees, commissions)							
g	•	Po of and gal				0			
n i		, 8e, 8f, and 8g)				8603			
i		ne 8h from line 8c)see instructions)							
,	Transition to (monn) the plant (s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· 8i	1					

Fo	rm 5500-SF 2010	Page <b>2-</b>	
Part IV	Plan Characteristics		

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2G 2R 3D

b	If th	ne plan provides welfare benefits, enter the applicable welfare feature codes from the List	t of Plan Charac	cterist	tic Co	des in t	the instru	uctions		
art	٧	Compliance Questions								
0	Du	iring the plan year:			Yes	No		Am	ount	
а		as there a failure to transmit to the plan any participant contributions within the time period 9 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.)									
С	W	as the plan covered by a fidelity bond?		10c	X					10000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
е										
f	Ha	s the plan failed to provide any benefit when due under the plan?		10f		X				
g	Dic	d the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g	X					7292
h		his is an individual account plan, was there a blackout period? (See instructions and 29 C 20.101-3.)		10h		X				
i		IOh was answered "Yes," check the box if you either provided the required notice or one of ceptions to providing the notice applied under 29 CFR 2520.101-3		10i						
art	VI	Pension Funding Compliance	<u> </u>							
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction))						[	Yes	No
12	ls t	this a defined contribution plan subject to the minimum funding requirements of section 4	112 of the Code	or se	ction 3	302 of	ERISA?		Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) <b>a</b> 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									
lf :	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sl	kip to line 13.		_					
b	Ent	ter the minimum required contribution for this plan year				12b				
		ter the amount contributed by the employer to the plan for this plan year				12c				
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus s gative amount)	-			12d				1
е	Wil	Il 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								
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?					1		Yes	X No
	If "\	Yes," enter the amount of any plan assets that reverted to the employer this year				13a				
b	of t	ere all the plan assets distributed to participants or beneficiaries, transferred to another plathe PBGC?	_						Yes	X No
С		during this plan year, any assets or liabilities were transferred from this plan to another pla iich assets or liabilities were transferred. (See instructions.)	an(s), identify the	e plar	n(s) to					
1	13c(1) Name of plan(s):				13	c(2) El	N(s)		13c(3)	PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unle	less reasonable	e cau	se is	establ	ished.			
Jnde SB o	r pe r Sch	enalties of perjury and other penalties set forth in the instructions, I declare that I have example the thing to the completed and signed by an enrolled actuary, as well as the electronic versions true, correct, and complete.	amined this retur	rn/rep	ort, ir	cludin	g, if appl			
	·		REG DECKER							
SIG	N									

HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date

## 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

		entification Information	01/01/1	200		70/21/0070			
For	calendar plan year 2010 or fisca	7	01/01/2			12/31/2010			
Α	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)	one-participant plan				
В	This return/report is for:	first return/report	final return	n/report					
		an amended return/report	short plan	year return/report (less than 12 mor	nths)				
С	Check box if filing under:	Form 5558	automatic	extension	ſ	DFVC program			
		special extension (enter descri	ption)			_			
Pa	rt II Basic Plan Inform	nation—enter all requested info	ormation						
	Name of plan				1b	Three-digit			
	North Idaho Credit	401(k) Plan			l .	plan number			
					⊢—	(PN) ▶ 001			
					10	Effective date of plan 10/01/2004			
2a	Plan snonsor's name and addre	ess (employer, if for single-emplo	ver plan)		2h	Employer Identification Number			
Lu	North Idaho Credit	Corp.	yer planty			(EIN) 82 - 0363604			
	2020 March 2003 Obser	h				Plan sponsor's telephone number			
	1919 North 3rd Stre	3 <b>2</b> C			0.1	208-667-5491			
	Coeur d Alene	ID 83814			2a	Business code (see instructions) 522298			
3a	Plan administrator's name and	address (if same as Plan sponso Corp.	r, enter "Same	e")	3b	Administrator's EIN			
	North Idaho Credit	Corp.				82-0363604			
	1919 North 3rd Stre		A		3c	Administrator's telephone number			
	Coeur d Alene	ID 83814 in sponsor has changed since the		nort filed for this plan, enter the	4b	208-667-5491			
	•	r from the last return/report. Spo		port and for this plant, enter the	-410				
		·			4c	PN			
5a	Total number of participants at	the beginning of the plan year		>>*************************************	5a	8			
b	<b>b</b> Total number of participants at the end of the plan year					8			
C	Total number of participants wi	_	0						
	complete this item)	5c	8						
_				(See instructions.)		X Yes No			
b				ndent qualified public accountant (IQ		X Yes No			
		•	•	SF and must instead use Form 55					
P	rt III Financial Informa	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets	>+++++++++++++++++++++++++++++++++++++	7a	12365	3	132256			
b	Total plan liabilities		7b						
C	Net plan assets (subtract line 7	7b from line 7a)	7c	12365	3	132256			
8	Income, Expenses, and Transf	fers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or received								
		***************************************			$\exists$				
	• • •		, ,	299	19				
		)			_				
b	, ,			560	14				
C		8a(2), 8a(3), and 8b)			AND SAME A	8603			
d		rollovers and insurance premium							
е	' '	tive distributions (see instructions							
f		rs (salaries, fees, commissions)	·						
g	•				$\exists$				
h	·	8e, 8f, and 8g)			335	0			
i	•	e 8h from line 8c)			38	8603			
	. , ,	ee instructions)							
j	mansiers to (morn) the plant (se	cc manucacina)	······ Qi	1	11/15/57				

		<del>-</del> -	rm 5500-SF 2010		Page Z-										
[ [	ar	ijV	Plan Characteristics												
8	1	f the	silan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:												
		22,	2J 2G 2R 3D  lan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:												
	}	Line	Han provides welfare benefits, enter the applicable welfare for	Blufe codes from th	e List of Plan Chara	cteris	tie Ca	des in	the instr	uctions:					
ſ₽	rt		Compliance Questions			·		***	**,	He R + Broth-record					
1	-		J the plan year:		A		Vac	λl-	<b></b>						
	a	Was	here a fallure to transmit to the plan any participant contributions within the time period described in								<u> </u>				
		Z9 (	FR 2510.3-1027 (See instructions and DOL's Voluntary Fiduci	027 (See instructions and DOL's Voluntary Fiduciary Correction Program) in the X											
	IJ	on br	a 10a.)	ensections with any party-in-interest? (Do not include transactions reported											
			the plan covered by a fidelity bond?			100	х								
	đ	Old U	3 plan have a loss, whether or not reimbursed by the plan's fid	elity bond that wa	s caused by freed				ļ	· · · · · · · · · · · · · · · · · · ·	1000				
		or dis	ronesty?		****************	10d		X							
	**	usur	any fees or commissions paid to any brokers, agents, or other nee service or other organization that provides some or all of t clions.)	he henefile under t	be plac? (See	10 <sub>9</sub>		x		2.5					
	;	-as (	e plan failed to provide any benefit when due under the plan?												
	1		a plan have any participant loans? (If "Yes," enter amount as o		-	20F	75	ж.		•	·				
		l this	s an individual account plan, was there a blackout period? (Se	n jesturtinas and	20.050	10g	X		·		729				
		2520.	01-3.) 120-2 Samuel Maria			10h	1	Х							
		1 TOH	was answered "Yes," check the box if you either provided the ions to providing the notice applied under 29 CFR 2620.101-3	required notice or c	me of the										
100	+ 1		ension Funding Compliance			107 (			****	Mark paper protected the second	· :				
15			a defined benefit plan subject to minimum funding requirement	ted AttiVan Food to					<b>W</b>						
***		2001	(#####################################		******************************					Пур	s ∏ No				
1		£ Unit	a defined contribution plan subject to the minimum funding rec	quirements of section	on 412 of the Code c	rsec	ion 30	)2 of i	E1915.47	Ye					
	. (	f "Ye	" complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e)						نب					
	, ,	ranเมื	ver of the minimum funding standard for a prior year is being a gibe waiver.	imortized in this pla	an year, see instructi	Jns, (	ind an	ter (h	e date of	the letter o	iling				
	уr	u co	apleted line 12s, complete lines 3, 9, and 10 of Schedule M	B (Form 5500), ar	id skip to line 13.			υαy,		Y88r	-				
	} E	riter	r ne minimum required contribution for this plan year												
		raer	be amount contributed by the employer to the plan for this plan	year		******	1	2c	**************************************	*: 9 ( ** ** ** * * * * * * * * * * * * *					
	1 5	obut soati	t the amount in line 12c from the amount in the 12b. Enter the	result (enter a mir	rus sign to the reft of	3	1	26	**********	<del>*</del>					
	V	All an	minimum funding amount reported on line 12d be met by the	funding daading?	Свединалефияна баря—: плогифу <b>рава</b> ; с	, c. t. o	L		Yes	77	T				
<b>F3</b> 2:	V	:1	Plan Terminations and Transfers of Assets					<u>~</u>	1 152	No	L N/A				
13:			esolution to terminate the plan been adopted caring the plan ye	ear of any orior va-						T	<del>-</del>				
	lí	"Yes	enter the amount of any plan asset; that reverted to the empl	our of this year	SEE :+4-mas/Abber		-	3a		Yes	X No				
-	¥	37E I	I the plan assets distributed to participants or beneficiaries, wa	instanted to another	r blan or brossist un	rice the	A 66-m	, 	**						
,	Ç	រាម	BGC/							Yes	X No				
· ·	¥	i <u>ch</u>	Julis plan year, any assets or liabilities were transferred from tassets or liabilities were transferred. (See instructions.)	inis pian to another	pian(s), identify the	plan(:	s) tc								
			ime of plan(s):				13c(2	—— 2) Elid	(4)	42.12	PN(s)				
								<u>, ,</u>		1 17-50	111(0)				
		b:						<b></b>							
		1	<b>T</b>												
Cai	101	A	analty for the late or incomplete filling of this return/report will be assessed unless reasons ble cause is established.												
1150	or r	≓ien ≎	a of making and other named for any first in the instance of dealers to the instance of dealers to the instance of the instanc												
53 bali	5 * R	1 ted(	ad le MB comprete and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule life is ported, and comprete.												
	_	[FX													
5개 HE	N: E:	7	nature of plan administrator		GREG DECKER						<u> </u>				
	1	VOIC	retrace of Diran antifficialization	Date 11/15/11	Entername of indiv	riduai	signin	g 85 p	lan admi	ristrator					
ek He			VALUE OF THE PROPERTY OF THE P												
- 4 - 2	_	315	hature of employar/plan sponsor Date Enter name of individu						vidual signing as employer or plan sochson						