## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P	Pension Benefit Guaranty Corporation  Complete all entries	in accordance w	rith the instructions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	art I Annual Report Identification Informa	ition				
For	calendar plan year 2011 or fiscal plan year beginning	01/01/2011	and ending	12/31/2	2011	
Α	This return/report is for:	a multip	ole-employer plan (not multiemployer)		a one-particip	pant plan
В	This return/report is: the first return/report	the fina	l return/report		_	
_	an amended return/repo	ort 🔲 a short i	plan year return/report (less than 12 m	onths)		
_	H	H	, ,	10111110)	DFVC progra	am.
C		Ш	tic extension		☐ DF vC plogla	1111
_	special extension (enter	. ,				
Pa	art II Basic Plan Information—enter all request	ted information		1		T
	Name of plan			1b	Three-digit	
IDAH	HO FALLS GROUP HOMES, INC., PROFIT SHARING PLA	NN .			plan number (PN) ▶	001
				10	Effective date or	
				10	01/01	•
2a	Plan sponsor's name and address; include room or suite	number (employer	if for a single-employer plan)	2h	Employer Identif	
	HO FALLS GROUP HOMES, INC.	namber (employer	, in tor a single employer plany	25		18036
				20	Sponsor's telep	hone number
РΟ	BOX 50457			-	208-52	
	HO FALLS, ID 83405-0457			2d	Business code (	(see instructions)
					62420	
3a	Plan administrator's name and address (if same as plan s	ponsor, enter "Sai	ne")	3b	Administrator's I	EIN
IDAH		). BOX 50457 NHO FALLS, ID 83	405.0457			18036
	IDA	ANO FALLS, ID 63	405-0457	3с		telephone number
	If the many and/or FINI of the plan angues has about and			415	208-523	3-0053
4	If the name and/or EIN of the plan sponsor has changed a name, EIN, and the plan number from the last return/repo		n/report filed for this plan, enter the	4b	EIN	
а	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan	year		+	T	117
b	Total number of participants at the end of the plan year	,			+	117
C	Number of participants with account balances as of the e			30	+	
C	complete this item)		•	5c		104
6a	Were all of the plan's assets during the plan year investe	ed in eligible assets	s? (See instructions.)			X Yes No
b		-				
	under 29 CFR 2520.104-46? (See instructions on waiver					X Yes No
_	If you answered "No" to either 6a or 6b, the plan can	not use Form 550	0-SF and must instead use Form 55	500.		
Pa	art III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	7a	304582			287403
b	Total plan liabilities	7b				
С	Net plan assets (subtract line 7b from line 7a)	7с	304582			287403
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	Γotal
а	Contributions received or receivable from:		20000			
	(1) Employers	8a(1)				
	(2) Participants	8a(2)	0			
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	-8924			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				11076
d	Benefits paid (including direct rollovers and insurance pre		28255			
	to provide benefits)		20200	-		
е	Certain deemed and/or corrective distributions (see instru	uctions) 8e		_		
f	Administrative service providers (salaries, fees, commiss	ions) <b>8f</b>	0			
g	Other expenses	8g	0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				28255
i	Net income (loss) (subtract line 8h from line 8c)	8i				-17179
j	Transfers to (from) the plan (see instructions)	8i				

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Form	5500	-S⊦	201

Part IV	Plan	Characteristics
Parriv	ı Pian	Characteristics

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

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

Part	V Compliance Questions			1				
10	During the plan year:		Yes	No	Α	mount		
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				100000	
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		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.)	10e	X				373	
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.)	10q		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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction	302 of	ERISA?	Yes	X No	
а	(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 instrugranting the waiver						-	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Enter the minimum required contribution for this plan year			12b				
С	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 result (enter a minus sign to the left negative amount)			12d				
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	'es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
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):			<b>13c(2)</b> EIN(s)			13c(3)	PN(s)	
Cauti	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
Unde SB or	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.							

SIGN	Filed with authorized/valid electronic signature.	09/25/2012	REX REDDEN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/25/2012	REX REDDEN
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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2011

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OMB Nos. 1210-0110

1210-0089

olete all entries in accordance with the instructions to the Form 5500-SF.

	Complete all entries in accord	ance with	the instruction	is to the Form 550	0-31.				
P	art I Annual Report Identification Information								
For	the calendar plan year 2011 or fiscal plan year beginning	01/01	/2011	and ending	12	/31/2011			
A	This return/report is for: x a single-employer plan	a multiple-	employer plan (no	ot multiemployer)		a one-participa	ant plan		
В	This return/report is: the first return/report	the final ref	urn/report						
	an amended return/report	a short plai	n year return/repo	ort (less than 12 mor	iths)				
C	Check box if filing under:	automatic e	extension		Ē	DFVC program	n		
Ü	special extension (enter description)				_	] [5			
_	art II Basic Plan Information enter all requested inform	nation.			46.3				
та	Name of plan  Idaho Falls Group Homes, Inc., Profit Sharing	Plan			F	Three-digit blan number PN) ▶	001		
						Effective date of 01/01/1989	plan		
2a		oyer, if for s	ingle-employer p	lan)	2b E	mployer Identifi	cation Number		
	Idaho Falls Group Homes, Inc.				(	EIN) 82-041	.8036		
	P.O. Box 50457					Plan sponsor's te (208) 523-0	elephone number 1053		
	F.O. BOX 30437				100000000000000000000000000000000000000		see instructions)		
US	Idaho Falls ID 83405-0457				•	524200			
3a	Plan administrator's name and address (If same as plan sponsor, enter	"Same")			3b /	Administrator's E	IN		
	Same								
					3c Administrator's telephone number				
4	If the name and/or EIN of the plan sponsor has changed since the last r	return/repo	rt filed for this pla	in, enter the	4b EIN				
2	name, EIN, and the plan number from the last return/report.  Sponsor's Name				4c PN				
_	Total number of participants at the beginning of the plan year	<del></del>			. 5a 117				
b	Total number of participants at the end of the plan year				5b		117		
C	Number of participants with account balances as of the end of the plan complete this item)	year (define	ed benefit plans o	io not	5c		104		
6a	Were all of the plan's assets during the plan year invested in eligible ass						X Yes No		
b	Are you claiming a waiver of the annual examination and report of an inc								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and o						X Yes No		
D	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF a	nd must instead	d use Form 5500.					
	art III Financial Information		(a) Page	inning of Van		/b) ===1	-f.V		
7	Plan Assets and Liabilities	<u> </u>	(а) вед	inning of Year	_	(b) End			
a	Total plan assets	7a		304,582			287,403		
b	Total plan liabilities	7b			-				
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)	7c	(0)	304,582	_	/b) T	287,403		
а	Contributions received or receivable from:		(a)	Amount		(b) T	otai		
	(1) Employers	8a(1)		20,000					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		(8,924)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					11,076		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		28,255					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					28,255		
i	Net income (loss) (subtract line 8h from line 8c)	8i					(17,179)		
j	Transfers to (from) the plan (see instructions)	8i							

		F	orm 5500-SF 2011 Page 2-		_				
Pa	rt		Plan Characteristics						
		2	lan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteris  B 3D 3H  lan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characterist						
Pa	ırt		Compliance Questions						
10			ng the plan year:		Yes	No	Am	ount	
	3	as	there a failure to transmit to the plan any participant contributions within the time period described in	40		x			
	_	С	FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		-			
•			ne 10a.)	10b		х			
,	:	20	the plan covered by a fidelity bond?	10c	х			10	0,000
			he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud						
			shonesty?	10d		х			
•	9	ere	e any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier,						
			rance services or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	х				373
1			the plan failed to provide any benefit when due under the plan?	10f		х			
			he plan have any participant loans? (If "Yes," enter amount as of year end.)			х			
			s is an individual account plan, was there a blackout period? (See instructions and 29 CFR	109					
-		20	0.101-3.)	10h		x			
i	İ	10 ce	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					
Pa			Pension Funding Compliance						
11	********	thi	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple	te Sch	edule •	SB (Fo	orm	Yes 2	X No
12			is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or					Yes 2	X No
			es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	a	a v	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction	ns, and	d ente	r the da	ate of the letter	ruling	
			ting the waiver ................................ Mo ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	nth		_ Day	y Y	ear	
	•		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			
			tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of			12d			
		ga	ative amount)		٠ [	124		٦	7
(		****	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	_N/A
Pa	rt		Plan Terminations and Transfers of Assets					Yes [	V No
13	а		a resolution to terminate the plan been adopted in any plan year?		٠.		· · · · ·	Yes [.	X_INO
		_	es," enter the amount of any plan assets that reverted to the employer this year		- :1	13a			
	b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und e PBGC?	er the	contro	) 		Yes [	X No
	С	du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p th assets or liabilities were transferred. (See instructions.)	olan(s)	to				
	1		Name of plan(s):		1	3c(2) E	EIN(s)	13c(3) P	N(s)
_									
Cau	utic	Α	penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cause	is es	tablish	ned.		
SB	or s	ne	Ities of perjury and other penalties set forth in the instructions, I declare that I have examined this return/redule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/repor	eport, i t, and	ncludi to the	ng, if a best o	pplicable, a Sc f my knowledg	hedule e and	
9	IGI		Rex Redden						
	IER	5	Signature of plan administrator Date 9/21/12 Enter name of in	dividu	al sigr	ning as	plan administr	ator	
9	IGI	Г	Rex Redden						
	IER	5	Signature of emptsyer/plan soonsor Date 131/12 Enter name of in	dividu	al sigr	ning as	employer or pl	an sponsor	
			, of the						