Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Department of Labor

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).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance witl	n the instructions to the Form 550	0-SF.	•			
		Identification Information							
For	calendar plan year 2009 or fis	cal plan year beginning 01/01/200)9	and ending 1	2/31/2	2009			
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:	n/report		_					
		an amended return/report	short plan	year return/report (less than 12 mo	nths)				
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program			
D	ort II Pacia Plan Info	special extension (enter descripti							
		rmation—enter all requested inform	nation		1h	Throo digit			
	Name of plan	STEMS 401(K) PROFIT SHARING P	LAN		ID	Three-digit plan number			
DIXI	TILALITI WANAOLWLINI 31	STEMS 401(N) FROITI SHARING F	LAN			(PN) ▶ 001			
					1c	Effective date of plan			
						12/01/2008			
2a	Plan sponsor's name and add	dress (employer, if for single-employe	r plan)		2b	Employer Identification	Number		
BRP	HEALTH MANAGEMENT SYS	STEMS, INC.				(EIN) 26-2312239			
					2c Plan sponsor's telephone number				
	SE. CENTER ST. ATELLO, ID 83201				24	208-233-4673 Business code (see ins	tructions)		
					Zu	623000	iruciioris)		
3a	Plan administrator's name an	d address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN			
	HEALTH MANAGEMENT SYS	STEMS, INC. 2043 E. CEI	NTER ST.			26-2312239			
		POCATELL	U, ID 6320		3с	Administrator's telephone number			
	If the name and/or FINI of the n	llan anangar has shangad since the la	at ratura/ra	nort filed for this plan anter the	415	208-233-4673			
		plan sponsor has changed since the labor from the last return/report. Sponso		port filed for this plan, enter the	4b EIN				
		ор от			4c PN				
5a	Total number of participants		5a		0				
b	Total number of participants	at the end of the plan year			5b		414		
С	· ·	with account balances as of the end c			0.0				
					5c		9		
6a	Were all of the plan's assets	during the plan year invested in eligil	ole assets?	(See instructions.)		X	Yes No		
b		the annual examination and report of				▽			
		(See instructions on waiver eligibility		•			Yes No		
Dr	rt III Financial Inforn	ther 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.				
		ilation				4			
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End of Yea			
	Total plan assets		7a)		28613		
b	')				
<u>C</u>		e 7b from line 7a)	7с	()		28613		
8	Income, Expenses, and Tran			(a) Amount		(b) Total			
а	Contributions received or rec (1) Employers	eivable from:	8a(1)						
	• • • •			27458	_				
				27430	_				
h	, , , ,	rs)		4451	_				
b	, ,			1155	0		20042		
۲ C), 8a(2), 8a(3), and 8b)	8c				28613		
d	1 \	t rollovers and insurance premiums	8d						
е	Certain deemed and/or corre	ctive distributions (see instructions)	8e						
f	Administrative service provid	ers (salaries, fees, commissions)	8f						
g	Other expenses		8g						
h	•	, 8e, 8f, and 8g)					0		
i		ne 8h from line 8c)					28613		
		,	<u> </u>		_				

Form 5500-SF 2009	Page 2- 1
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Part IV	Plan	Characteristics

HERE

SIGN HERE Signature of plan administrator

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D

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

Part	٧	Compliance Questions								
10	Du	ring the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	•		10a		X			
b		re there any nonexempt transactions with any party-in-interest? (D line 10a.)			10b		Χ			
С	W	as the plan covered by a fidelity bond?			10c		X			
d		the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?			10d		X			
е	ins	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	e benefits under the	plan? (See	10e	X				1524
f	На	s the plan failed to provide any benefit when due under the plan?			10f		Χ			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			
h		nis is an individual account plan, was there a blackout period? (See			10h		X			
i	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on-	e of the	10i					
art	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements							Yes	No X
12		his a defined contribution plan subject to the minimum funding requ							Yes	X No
	(If '	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)						_	_
а		waiver of the minimum funding standard for a prior year is being annting the waiver.								
lf١	-	completed line 12a, complete lines 3, 9, and 10 of Schedule Mi			···		Бау		rear	
-		er the minimum required contribution for this plan year		-			12b			
		er the amount contributed by the employer to the plan for this plan					12c			
	Sul	otract the amount in line 12c from the amount in line 12b. Enter the lative amount)	result (enter a minu	us sign to the left o	of a		12d			
е	Wil	the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Ha	s a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes	X No
		es," enter the amount of any plan assets that reverted to the empl					13a			
b	We	re all the plan assets distributed to participants or beneficiaries, tra	insferred to another	plan, or brought u	ınder	the co			Yes	x No
С	If d	uring this plan year, any assets or liabilities were transferred from t ch assets or liabilities were transferred. (See instructions.)							_	_
1	3c(′) Name of plan(s):				130	(2) EI	N(s)	13c(3	B) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.		
Unde SB oı	r pe Scl	nalties of perjury and other penalties set forth in the instructions, I onedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	rn/rep	ort, in	cludin	g, if applica		
Dellel			10/11/2010	LEWIS CHANDLE	.D					
SIG	N	iled with authorized/valid electronic signature.	10/11/2010	LEWIS CHANDLE	ır.					

Date

Date

10/11/2010

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

LEWIS CHANDLER

Form 5558 (Rev. January 2008) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

A											
	Name of filer, plan administrator, or plan sponsor (see instructions)										
	BRP Health Management Systems, Inc.	X	Emplo	yer ider	itification numi	ber (≿IN).					
	Number, street, and room or suite no. (If a P.O. box, see instructions.)		26-	23122	239						
	2043 E. Center St.		Social	security	y number (SSI	٧)					
	City or town, state and ZIP code										
	Pocatello ID 83201										
	Plan name		Plan		Pla	n year endin	g				
•	r iair siailie		numb	er	MM	DD	YYYY				
			1	,							
	BRP Health Management Systems 401(k) Profit	١	10	1	12	31	2009				
	THE MODELLY PRODUCTED BY DOCUME TOTAL TOTA		, <u> </u>				1 2 2 2 2				
			, 1	' l							
-			- 				1				
3			1	! !							
317	Extension of Time to File Form 5500 or Form 5500-EZ	(see ins	tructio	ons)							
i	I request an extension of time until 10 / 15 / 2010 to file	Form 5500	or Fo	rm 550	0-EZ.						
	The application is automatically approved to the date shown on line 1 (abornormal due date of Form 5500 or 5500-EZ for which this extension is request months after the normal due date.	. , ,									
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-	EZ filed at	fter th	e due (date for the	plans listed i	n C abov				
te	A signature is not required if you are requesting an extension to file Form 550	n or Form :	5500-F	7.							
10.		<u> </u>									
ar	Extension of Time to File Form 5330 (see instructions)										
2	I request an extension of time until to file You may be approved for up to a six (6) month extension to file Form 5330, a			ıe date	of Form 533	30.					
	,			ie date	of Form 533	30.					
а	You may be approved for up to a six (6) month extension to file Form 5330, a		mal du	e date	of Form 533	30.					
a b c	You may be approved for up to a six (6) month extension to file Form 5330, a Enter the Code section(s) imposing the tax	fler the nor	mal du			1 . 1					
a b	You may be approved for up to a six (6) month extension to file Form 5330, at Enter the Code section(s) imposing the tax	fler the nor	mal du			b					
a b	You may be approved for up to a six (6) month extension to file Form 5330, at Enter the Code section(s) imposing the tax	fler the nor	mal du			b					
a b c	You may be approved for up to a six (6) month extension to file Form 5330, at Enter the Code section(s) imposing the tax	fler the nor	mal du			b					
a b c	You may be approved for up to a six (6) month extension to file Form 5330, at Enter the Code section(s) imposing the tax	fler the nor	mal du			b					
a b	You may be approved for up to a six (6) month extension to file Form 5330, at Enter the Code section(s) imposing the tax	fler the nor	mal du			b					
a b	You may be approved for up to a six (6) month extension to file Form 5330, at Enter the Code section(s) imposing the tax	fler the nor	mal du			b					
b	You may be approved for up to a six (6) month extension to file Form 5330, at Enter the Code section(s) imposing the tax	fler the nor	mal du			b					
a b c }	You may be approved for up to a six (6) month extension to file Form 5330, at Enter the Code section(s) imposing the tax	fter the nor	mal du			b C	at I am				

	Form 5500-SF (2009)	Pa	ge 2-					
Part	V Plan Characteristics							
_	the plan provides pension benefits, enter the applicable pension feature or	odes from the List o	of Plan Charac	teristic Co	des in th	he ins	tructions:	
	2E 2G 2J 2K 3D							
D I	the plan provides welfare benefits, enter the applicable welfare feature coo	des from the List of	Plan Characte	eristic Cod	les in the	e instr	uctions:	
Par	V Compliance Questions							
10					Yes I	Nn I	Δr	nount
a	During the plan year: Was there a failure to transmit to the plan any participant contribution with	in the time period o	lescribed in			T		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Co	rrection Program)		10a		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do no on line 10a.)			10b		x		
_	Was the plan covered by a fidelity bond?			10c		x		
c d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity b							
_	or dishonesty?		-	- <u>10d</u>		х		
е	Were any fees or commissions paid to any brokers, agents, or other person							
	insurance services or other organization that provides some or all of the binstructions.)		•	10e	x			1,524
f	Has the plan failed to provide any benefit when due under the plan?			. 10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year	rend.)				x		
h	If this is an individual account plan, was there a blackout period? (See ins			109				
	2520.101-3.)			. <u>. 10h</u>		x	A CONTRACTOR OF THE CONTRACTOR	
i	If 10h was answered "Yes," check the box if you either provided the requirexceptions to providing the notice applied under 29 CFR 2520.101-3.			. 10i			The second secon	
Part	VI Pension Funding Compliance			•				
11	Is this a defined benefit plan subject to minimum funding requirements? (I							Yes X No
12	ls this a defined contribution plan subject to the minimum funding requirer							Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	nents of section 4 i	z or the Gode	Of Section	302 01	L. (10)	n:	
а	If a waiver of the minimum funding standard for a prior year is being amor	tized in this plan ye	ar, see instruc	ctions, and	enter th	ne dat	e of the letter	r ruling
	granting the waiver					Day	Y	ear
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F	•••	•			12b		·
b	Enter the minimum required contribution for this plan year				' ⊢.	12c		
c d	Subtract the amount in line 12c from the amount in line 12b. Enter the res				•			
	negative amount)	•	**		- [12d		<u></u>
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the fund	ling deadline? .					Yes	_No _N/A
Part	DAVIDO A							
13a	Has a resolution to terminate the plan been adopted during the plan year of	or any prior year?						Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the employer					13a		
D	Were all the plan assets distributed to participants or beneficiaries, transfe of the PBGC?	erred to another pla	n, or brought (under the d	control			Yes X No
C	If during this plan year, any assets or liabilities were transferred from this	plan to another plai	n(s), identify th	ne plan(s)	to			
	which assets or liabilities were transferred. (See instructions.)							T
	3c(1) Name of plan(s):				130	(2) El	N(s)	13c(3) PN(s)
	- 11							
								<u> </u>
Cauti	on: A penalty for the late or incomplete filing of this return/report will	be assessed unl	ess reasonat	ole cause	is estat	blishe	d.	
	penalties of perjury and other penalties set forth in the instructions, I declar Schedule MB completed and signed by an enrolled actuary, as well as the							
	it is true, poprect, and complete.	Electronic version o	Tilla Telanine	port, and t	o inc be	.G. OI 1	my knowicag	c and
SIG	I. a. Ol rough	0/11/10	LEWIS CH	ANDLER				
HEF		ate	Enter name o	of individua	ıl signinç	g as p	lan administr	ator
SIG	1 Clark	10/11/10	LEWIS CHA	ANDLER				
HEF	Signature of employer/plan sponsor D	ate	Enter name o	if individua	l signing	g as e	mployer or pl	an 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

2009

This Form is Open to Public Inspection.

	> Complete all entires in accord	ance mun	tile madacin	ons to the rollings	5-01 . 				
P	art I Annual Report Identification Information								
For	the calendar plan year 2009 or fiscal plan year beginning	01/01	/2009	and ending	12,	/31/2009			
Α	This return/report is for: 🛛 single-employer plan	multiple-en	ıployer plan (no	ot multiemployer)		one-participant plan			
В	This return/report is for:	final return	report						
	an amended return/report	short plan y	/ear return/repo	ort (less than 12 month	s)				
С	Check box if filing under: 💢 Form 5558	automatic e	extension		DFVC program				
	special extension (enter description)		<u> </u>						
	art II Basic Plan Information enter all requested inform Name of plan	ation.			1h 7	Three-digit			
Iu	·					olan number			
	BRP Health Management Systems 401(k) Profit Sh	naring Plan				PN) ► 001			
						Effective date of plan L2/01/2008			
2a Plan sponsor's name and address (employer, if for single-employer plan					2b Employer Identification Number				
	BRP Health Management Systems, Inc.					EIN) 26-2312239			
	2043 E. Center St.					Plan sponsor's telephone number (208) 233-4673			
US	Pocatello ID 83201					Business code (see instructions)			
3a		r "Same")				Administrator's EIN			
	Same	•							
					3c /	Administrator's telephone number			
						is in the second			
4	15 the server and/or P1N of the also server the channel size the test		4 61-2 6-45	l	4b E				
7	If the name and/or EIN of the plan sponsor has changed since the last r name, EIN and the plan number from the last return. Sponsor's Name	return/report filed for this plan, enter the							
_					4c F				
	Total number of participants at the beginning of the plan year				5a	414			
b	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the				5b	414			
٠	complete this item)			•	5c	9			
6a	Were all of the plan's assets during the plan year invested in eligible ass	sels? (See	instructions.)			XYes 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 of the foundation of the second section of the plan cannot use Form					X Yes No			
D-	art III Financial Information	0000-01-0	no most mote	22 432 1 5111 5535,					
7	Plan Assets and Liabilities	1917 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Be	ginning of Year	1	(b) End of Year			
а	Total plan assets	7a		0		28,613			
b	Total plan liabilities	7b		0		,			
С	Net plan assets (subtract line 7b from line 7a)	7c		0		28,613			
8	Income, Expenses, and Transfers for this Plan Year		1	a) Amount		(b) Total			
а	Contributions received or receivable from:		,		2012 PACADA PATRICIPAN EVEL PAGE FRANCE CONTRACTOR EVEL PAGE FRANCE EVEL P				
	(1) Employers	8a(1)		0	10000000000000000000000000000000000000				
	(2) Participants	8a(2)		27,458					
-	(3) Others (including rollovers)	8a(3)			100 100 100 100 100 100 100 100 100 100 100				
þ	Other income (loss)	8b	######################################	1,155	412000000000000000000000000000000000000	various realizated (1912) (1919) realizated (1914) realizated (191			
ç	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Approx 2012 (2012)			28,613			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	_ ا			200241010 200241010 200241010 200241010 200241010 200241010 200241010				
е	Certain deemed and/or corrective distributions (see instructions)	8d 8e			**************************************				
f	Administrative service providers (salaries, fees, commissions)	8f			**************************************	A STATE OF THE PROPERTY OF THE			
g	Other expenses	8g			OTATION OF THE PROPERTY OF THE				
-	'		and the state of t		17 200 20 4000 17 200 20 4000 17 200 20 4000	0			
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			167	28,613			
1	Net income (loss) (subject line 8h from line 8c)	8i 8:	P		**************************************				
- 1	Transfers to (from) the plan (see instructions)	8j	l		FERSE E	00010			