## 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.

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010								
A	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt 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 m	onths)					
С	Check box if filing under: Form 5558	extension		DFVC progra	m				
	special extension (enter description	on)							
Pa	urt II Basic Plan Information—enter all requested inform	nation							
	Name of plan			1b	Three-digit				
EAS	TERN IDAHO MEDICAL CONSULTANTS, PLLC 401(K) PLAN				plan number	001			
				4-	(PN) •				
				10	1c Effective date of plan 04/01/2000				
2a	Plan sponsor's name and address (employer, if for single-employer	r plan)		2b	Employer Identif	ication Number			
	TERN IDAHO MEDICAL CONSULTANTS, PLLC	,			(EIN) 82-0515				
3200	CHANNING WAY, SUITE A205			2c	Plan sponsor's to 208-535	elephone number			
	O FALLS, ID 83404			2d	Business code (s				
					621111	occ mondonono)			
3a	Plan administrator's name and address (if same as Plan sponsor, e FERN IDAHO MEDICAL CONSULTANTS, PLLC 3200 CHAN	enter "Same	e")	3b	Administrator's E	EIN 1666			
LAS	IDAHO FALI			30		elephone number			
				30	208-535	5-4300			
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Sponso	or's name		40	4c PN				
5a	Total number of participants at the beginning of the plan year			_	111	21			
b				5b		20			
Total number of participants at the end of the plan year.  C Total number of participants with account balances as of the end of the plan year.				. 30					
	complete this item)			. 5c		20			
6a	<b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Pa	rt III Financial Information	01111 0000	or and mast moteda ase r orm o	000.					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year			
а	Total plan assets	. 7a	168822	21		2205657			
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	. 7с	1688221		21 2205				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from:	2 (1)	1786	67					
	(1) Employers	. 8a(1)	108520		20				
	(2) Participants	· · ·	100320						
h	(3) Others (including rollovers)		2324	30					
b	Other income (loss)		202 (		519				
c d	Benefits paid (including direct rollovers and insurance premiums	8c							
<b>~</b>	to provide benefits)	. 8d	218	31					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f							
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				2181			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				517436			
	Transfers to (from) the plan (see instructions)	. gi							

	Form 5500-SF 2010 Page <b>2-</b>				
Pai	t IV Plan Characteristics				
Эа	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch 2E 2A 2G 2J 2R 3B 3D	aracteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	aracteris	tic Co	des in 1	the instructions:
ar	Compliance Questions				
0	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	n <b>10a</b>		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	-		V	
	on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c	X		170000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraudor 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	
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.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i			
art	VI Pension Funding Compliance				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions are under the second	mplete	Sched	dule SB	3 (Form Yes X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection	302 of	ERISA? Yes 🖺 No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst granting the waiver				
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			7	
b	Enter the minimum required contribution for this plan year		L	12b	
С	Enter the amount contributed by the employer to the plan for this plan year			12c	

## **Part VII Plan Terminations and Transfers of Assets**

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? .....

12d

Yes

N/A

No

Yes

Yes X No

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a

which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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.	03/25/2011	SCOTT A. TAYLOR
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	03/25/2011	SCOTT A. TAYLOR
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Depertment of Labor Employee Senetia Security Administration

## 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 Gode (the Code).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public

	Possion Process Guaranty Corporation   Communicate all entries in account	riancs edi	in the instructions to the Form 55	an.ee	Inspection			
	Part I. Annual Report Identification Information	COLLEG AND	in the insutations to the Folin 35	vu-3r.	L			
	r the calendar plan year 2010 or fiscal plan year beginning	01/0	2/2013 and ending	7.5	/31/2010			
	This return/report is for Single-employer plan	•	implayer plan (not mullicomplayer)	<u></u>	<b>-</b>			
	<del></del>		•	L	jone-participant plan			
•	This return/report is for First return/report	final retur	nirepart					
	an emended return/report	short plan	t year réturn/report (less than 12 mont	hs)				
C	Check box if filing under: Form 6558	automatic	extension		DFVC program			
	special extension (enter description	· }		-	<b>~</b>			
		,						
	Part II Basic Plan Information — enter all requested information III	marico.	······································	1 46	W			
,.					Else-digit			
	Rastarn Idaho Medical Consultanta, FLLC 401()	() Flan			(P)(4) - 001			
					Effective date of plan			
3.				04/01/2000				
~ 0	Fier sponsor's name and address jemployer, if for single-employer siz Eastern Idaho Wadical Consultants, FEIC	in)		2b Employer Identification Number				
	sestern loano mapical Consultants, Pain			(EN) 82-0515665				
	3200 Channing Way, Swite A205			20	Plan sponsor's telephone number (203) 535-4300			
44.				2d Eusiness code (see instructions)				
	Idaho Falis ID 83404				621111			
Ş	Plan edministrator's name and address (if same as plan ampleyer, eng	er 'Samo'')		3b /	Administrator's EIN			
				1				
				3¢ /	Administrator's totophone number			
4	If the name and/or E/V of the plan sponsor has changed zince the last		A CAP A D. I.					
•	name, EIN and the plan number from the last return/ropert. Sponsor's	raunstrept Name	stract for this plan, either the	4b EIN				
***				4c :	PN:			
5a	the plant of the way to be distincted of the black less to the control of the black less to t			5a	21			
b	Total number of perticipants at the end of the plan year		• • • • • • • • • • • • •	5b	30			
· ·	Total number of participants with account balances as of the end of the complete this item.	bleat heat	(defined benefit plans do not	F-				
6a	Were all of the plan's accous curing the plan year invested in eligible as	<u>5</u> c	20					
b	D Are you staming a wayer of the annual examination and record of an interpretation while accounters (VOA)							
	under 29 CFR 2520.104-467 (See instructions on waiver etgibility and conditions.)  [X] Yes [INC]							
~~	" you answered "no" to emer 68 or 66, the plan cannot use Form	5500-SF :	and must instead use Form 5500,					
Pa	ert-III: Financial Information	<del></del>						
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
a	Total plan assets	78	·					
þ	Total plan liabilities		1,689,221	-	2,203,657			
Ġ		7b		<del></del>				
8	Wel plan assets (subtract line 7b from line 7a)	70	1,688,221		2,205,657			
a	income, fixpenses, and Transfers for this Flan Year	<u> </u>	(a) Amount		(b) Total			
a	Contributions received or receivable from: (1) Employers	0-1-1		1				
	(2) Participants	8a(1)	178,567					
	(3) Others (including reliavers)	Ba(2)	108,520	<b></b>  .				
h	Other income (lose)	Ba(3)		_ -				
		Sb	232,430					
d	Total Income(add lines Ba(1), Ba(2), Bo(3), and Bb)	8c		İ	519,617			
-	Benefits paid (including direct rollovers and incurence premiums to provide benefits)			1				
e		Bd	2,1\$1	_				
f	Certain deemed and/or corrective distributions (see instructions)	86	***************************************	_				
j.	Administrative service providers (salaries, fees, commissions)	8f		_				
g	Other expenses	85		<u> </u>				
h	Total expenses (add fines 6d, Be, 8f, and 6g)	8៛1			2,181			
i	Not income (loss) (subject line 8h from line 8c)	<b>8</b> 3		7	517,436			
	Transfers to (from) the plan (see instructions)			1				
For	Paperwork Reduction Act Notice and OMB Control Numbers, see t	ha inefrac	lines for Form seen ex	J	Form \$500-SF (2010)			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2011 SE 370 400 PARTS			

<u></u>	Form 5500-SF 2010	***************************************	Page 2-					
Par	IV Plan Characteristics	***************************************	***			*********		
	fithe plan provides penalon benotits, enter the applicable ponsion fe 2E 2A 2G 2J 2R 3B 3D							
b	l line plan provides welfare benefits, onter the applicable welfare los	ture codes from the Lis	i of Plan Characte	ristic Co	des in I	lhe insf	ructions:	
Par	V Compliance Questions			***************************************				
10	During the plan year:		***************************************		Yes	No	,	żrucm
	Was there a failure to transmit to the plan any particleant combining 25 CFR 2518 3-102? (See Instructions and DOU's Voluntary Fiducial Versions any nonexempt transactions with any party-in-interest?	ions Cassassaa Deemaa	_\	_ 10a		x		
	on line (5a,)			. 105	ĺ	x		
C	Was the plan covered by a fidelity bond?			100	ĸ			170,0
d	Did the plan have a less, whether or not reimbursed by the plan's fill of dishonesty?	delity bond, that was co	used by fidud	· 10d		×	***************************************	
e	Were any fees or commissions paid to any prokers, agents, or other insurance sorvices or other organization that provides some or all of the provides agents.	f the handlife similar the	to carrier, : plan? (See			x	7.00	
f	Instructions.)	• • • • • • • • • • • • • • • • • • • •		. 10e		<del>[</del>		***************************************
•	Has the plan failed to provide any bortest when due under the plan?			· 101		×		
g	Old the plan have any participant loans? (if "Yes," enter amount as	ci year end.)		· 10g		x		
h	if this is an individual account plan, was there a blackout period? (5 2520,101-3.)			. 9ch		ж		
•	if 10h was enswered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required notice or one	of the	. 101				
art	VII Pension Funding Compliance						•••••	·
1	is this a defined benefit plan subject to minimum funding requireme 6500))	ots? (if "Yes," see insi	ections and compl	ote Sch	ನಬ್ಬಿಕ 3	E /Fen	nn	☐Yes K No
Ify	If a weiver of the minimum funding standard for a prior year is being granting the weiver u completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5500), and		ons. and onth	enter t	the data Day		Year
b	Enter the minimum required contribution for this plan year				. $\Gamma$	126		***************************************
G	Enter the amount contributed by the employer to the plan for this pla	nyear			. [	12c		***************************************
a	Subtract the amount in line 12c from the amount in line 12b. Enter ( registive amount)	te result (enlar a minu	s zign to the loft of	a .		124		1
<b>e</b>	Will the minimum funding amount reported on the 12d be met by the	tunding deadline?	<u> </u>	<u></u>		. [	Yos	NA NA
~~~	II Plan Terminations and Transfers of Assets			1	_			
a	ias a resciution to terminate the plan been adopted during the plan	rear or any prior year?						☐Yes X No
	195, sales the amount of any plan assets that reverted to the emp	oloyer mis yeer .				3a		*******
	Vers all the pion essets distributed to participants or beneficiaries, is film FBGC?				ontroi			Yes XNc
<del></del>	during this plan year, any assets or liabilities were transformed from rhich assets or liabilities were transferred. (See instructions.)	this plan to another pla	un(s), identify the p	olan(s) to	•			
13	(1) Name of piants:	· · · · · · · · · · · · · · · · · · ·			13c	(Z) E(N	(R)	13c(3) PN(s)
		······						
Ition	A penalty for the late or incomplate filling of this return/repor	t will be assessed un	less reasonable	causo i	etetee:	olie ked		·
ier pi or Sc	relibes of perjury and other penalties set fo <u>rth in the</u> instructions. I di haddle MB completed and signed by an entolled actuary, as well as I true, correct, and complete.	adiana that I become and	dament succession and a construction					hedule e and
	and complete.						······	
ign Ere	Simplify & June 1		Scott A. Taylor					
	Signature of plan administrator	Date	Enter name of in	dividual :	egning	as pla	ಚಿತ್ರಗಳಿಂದ ಬ	ater
IGN Ese		ļ	Sestt A. Ta	ylor				
ERE	Signature of employetiples spopset	Date	Enter name of individual signing as employer or plan sponsor					