For	m 5500-SF	Short Form Annual	Return/Report o Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service       Define III Flam         Department of Labor       This form is required to be filed under sections 104 and 4065 of the Employee         Department of Labor       Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).         Pension Benefit Guaranty Corporation       Complete all entries in accordance with the instructions to the Form 550						2	012
						8(a) of This Form is Open t Inspection	
Part I	Annual Poport Id	entification Information	ordance with the instruc	tions to the Form 550	0-SF.		
	ar plan year 2012 or fisca		)12	and ending 1	2/31/2	2012	
_		a single-employer plan	a multiple-employer pl			a one-particip	ant plan
	urn/report is for:			an (not multemployer)			ant plan
B This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	h/report (less than 12 m	onths	-	
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	m
		special extension (enter descrip	tion)				
Part II	<b>Basic Plan Inform</b>	nation—enter all requested infor	mation				
1a Name					1b	Three-digit	
EASTERN ID	DAHO MEDICAL CONSU	JLTANTS, PLLC 401(K) PLAN				plan number (PN) ▶	001
					1c	Effective date of	
						04/01/	•
	Consor's name and address CAHO MEDICAL CONS	ess; include room or suite number JLTANTS, PLLC	(employer, if for a single-	employer plan)	2b	Employer Identif (EIN) 82-05	ication Number
3200 CHAN	NING WAY, SUITE A205				2c	Sponsor's telep	
	LS, ID 83404	,			2d	Business code ( 62111	,
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b		
					30	Administrator's t	elephone number
		lan sponsor has changed since the er from the last return/report.	e last return/report filed fo	r this plan, enter the	4b	EIN	
a Sponso	or's name	•			4c	PN	
5a Total r	number of participants at	the beginning of the plan year			5a		20
<b>b</b> Total r	number of participants at	the end of the plan year			5b		18
		count balances as of the end of the			5c		18
_							X Yes No
	•	uring the plan year invested in elig annual examination and report of		,			
		See instructions on waiver eligibilit					X Yes No
lf you	answered "No" to eith	er line 6a or line 6b, the plan car	not use Form 5500-SF	and must instead use	Form	5500.	
Caution: A	penalty for the late or	incomplete filing of this return/r	eport will be assessed u	unless reasonable cau	ise is	established.	
SB or Sche		r penalties set forth in the instruction signed by an enrolled actuary, as te.					
SIGN	Filed with authorized/va	lid electronic signature.	08/13/2013	SCOTT A. TAYLOR			
HERE	Signature of plan adm	ninistrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator
SIGN	Filed with authorized/va	lid electronic signature.	08/13/2013	SCOTT A. TAYLOR			
HERE	Signature of employe		Date	Enter name of individ			
Preparer's	name (including firm nar	ne, if applicable) and address; inclu	ude room or suite number	r (optional)	Prep	parer's telephone	number (optional)

a Total plan assets       7a       2309151       273         b Total plan labilities       7b       7c       2309151       273         c Net plan assets (subtract line 7b from line 7a)       7c       2309151       273         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       9a(1)       145636       (c) Total         (a) Control (add lines 8a(1), 8a(2), 8a(3), and 8b)       8d       303622       52         C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       94795       52         e Certain deemed andor corrective distributions (see instructions)       8d       94795       52         d Contain deemed andor corrective distributions (see instructions)       8d       94795       52         g Other expenses       8g       0       9       9         h Total expenses (und lines 8d, 8d, 8d, 8d)       8d       94795       62       42         g Tansfers to (from) the plan (see instructions)       8f       0       9       9         Part IV       Plan Characteristics       93       93       14the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       16a       X       2       <				t III Financial Information
b       Total plan liabilities	a) Beginning of Year (b) End of Year	(a) Beginning of Y		Plan Assets and Liabilities
c       Net plan assets (aubtract line 7b from line 7a)	2309151 2737323	2309	7a	Total plan assets
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       84(1)       (145836)         (2) Participents.       84(2)       73509         (3) Others (including rollovers)       84(3)       (15750)         b       Other income (loss)       86(3)       (15750)         c       Total income (loss)       86(3)       (15750)         c       Total income (loss)       86(3)       (15750)         c       Total income (loss)       86(3)       (15750)         e       Certain deemed and/or corrective distributions (see instructions)       86       (94795)         e       Certain deemed and/or corrective distributions (see, correntsions)       86       (16760)         g       Other expenses.       8g       (16700)       (16700)         g       Other expenses (add lines 80, 80, 80, and 80)       8h       (16700)       (17700)         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2A 2E 2G 2J 2R 3B 3D       10         b       If the plan provides pension benefits, enter the applicable weffare feature codes from the List of Plan Characteristic Codes in the instructions:       2A 2E 2G 2J 2R 3B 3D			7b	Total plan liabilities
a       Contributions received or receivable from:       Be(1)       145936         (1)       Employers       Be(2)       73009         (2)       Participants.       Be(2)       73009         (3)       Others (including rollovers).       Be(3)       303622         (4)       Others (including rollovers).       Be(3)       303622         (5)       Other income (add lines 86(1), 84(2), 84(3), and 8b).       Be       303622         (5)       Critish income (add lines 86(1), 84(2), 84(3), and 8b).       Be       94795         (6)       Certain deemed and/or corrective distributions (see instructions)       Be       9         (7)       Other expenses.       Bg       0       9         (8)       Other expenses.       Bg       0       9         (9)       Other expenses.       Bg       0       9         (11)       Transfers to (from) the plan (see instructions).       Bi       42         (2)       Compliance Questions       Bi       42         (2)       Compliance Questions       10       V       Compliance Questions         10       During the plan year:       Yes       No       Amou         20       Compliance Questions       106 <td< td=""><td>2309151 2737323</td><th>2309</th><td>7c</td><td>Net plan assets (subtract line 7b from line 7a)</td></td<>	2309151 2737323	2309	7c	Net plan assets (subtract line 7b from line 7a)
(1)       Employers       84(1)       145838         (2)       Participants       84(2)       73509         (3)       Other income (loss)       84(3)       6       6         (1)       Derive income (loss)       84(3)       6       622         (2)       Total income (loss)       86       90795       622         (2)       Benefits paid (including direct collevers and insurance premiums on provide benefits)       84       94795       62         (2)       Certain deemed and/or corrective distributions (see instructions).       8e       9       6         (2)       Certain deemed and/or corrective distributions (see instructions).       8f       0       9         (2)       Cher expenses.       8g       0       9       9         (3)       Other expenses.       8g       0       42       42         (3)       Thrasters to (trom) the plan (see instructions on 100 in set)       8i       42       42         (3)       Thrasters to (trom) the plan (see instructions and 00 is solutary foldiary Correction Planc Characteristic Codes in the instructions:       8i       42         (4)       Transters to (trom) the plan (see instructions and 00 is solutary foldiary Correction Program)       10       42       42       42       4	(a) Amount (b) Total	(a) Amount		ncome, Expenses, and Transfers for this Plan Year
(2) Participants	145926	145	80(1)	
(3) Others (including rollovers)			, ć	
b       Other income (loss)       Bit       303622         c       Total income (add lines Bd(1), Bd(2), Bd(3), and Bb)       Bc       62       622         d       Benefits paid (including direct rollovers and insurance premiums Bd       94795       622         e       Cartain deamed and/or corrective distributions (see instructions)       Be       6       623         g       Other expenses       Bg       0       6       0       9         g       Other expenses (add lines 8d, 8e, 8f, and 8g)       Bf       9       9       9         h       Net income (loss) (subtractine Bh from line 8c)       Bit       42       9       9       9       9       9       9       10       9       9       10       9       9       10       10       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12 <td< td=""><td>15509</td><th>13</th><td></td><td></td></td<>	15509	13		
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	202622	202		
d Bonefits paid (including direct rollovers and insurance premiums to provide benefits)		303		
to provide benefits)	522967		80	
f       Administrative service providers (salaries, fees, commissions)	94795	94	8d	
g Other expenses       8g       0         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       9         i Net income (loss) (subtract line 8h from line 8c)       8i       42         j Transfers to (from) the plan (see instructions)       8j       42         part IV       Plan Characteristics       9         g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2A 2E 2G 2J 2R 3B 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 V       Compliance Questions         10       During 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         10       During the plan payear:       Yes         a Was there a failure to transmit to the plan any participant contributions within the time period described in 196 X       10a         29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         c Was the plan covered by a fidelity bond?       10b       X       10b       X         c Was the plan covered by a fidelity bond?       10c       X       10c       X       10c <t< td=""><td></td><th></th><td>8e</td><td>Certain deemed and/or corrective distributions (see instructions)</td></t<>			8e	Certain deemed and/or corrective distributions (see instructions)
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       9         i       Net income (loss) (subtract line 8h from line 8c)       8i       42         j       Transfers to (from) the plan (see instructions)       8i       42         Part IV       Plan Characteristics       9       1         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2A       2E       20       2J       2R       3B       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 V       Compliance Questions         10       During the plan year:       Yes       No       Amou         a       Was there a failure to transmit to the plan any participant contributions within the time period described in on ine 10a.       X       Yes       No       Amou         c       Was there a failure to transmit to the plan any party-in-interest? (Do not include transactions reported on line 10a.)       10a       X       X       C         c       Was the plan covered by a fidelity bond?       10c       X       Inc       X       Inc       X       Inc       X       Inc       X       Inc       X       Inc	0		8f	Administrative service providers (salaries, fees, commissions)
i       Net income (loss) (subtract line 8h from line 8c)	0		8g	Other expenses
j       Transfers to (from) the plan (see instructions)       gj         Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2R 3B 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 V       Compliance Questions         10       During the plan year:       Yes       No       Amou         a       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       ×         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10c       ×         c       Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       ×         f       Has the plan failed to provide any benefit when due under the plan?       10f       ×         g       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10g       ×         f       Has the plan failed to provide any benefit when due under the plan?       10f       ×	94795		8h	Total expenses (add lines 8d, 8e, 8f, and 8g)
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2R 3B 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 V       Compliance Questions         10       During the plan year:       Yes       No       Amou         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 129 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         c       Was the plan covered by a fidelity bond?       10c       X       10d       X         c       Was the plan nave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesity?       10d       X       10d       X         c       Ware applicable to provide any benefit when due under the plan?       10f       X       10d       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       10g       X         gene t	428172		8i	Net income (loss) (subtract line 8h from line 8c)
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2A       2E       2G       2J       2R       3B       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 V       Compliance Questions         10       During the plan year:       Yes       No       Amou         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 129 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         c       Was the plan covered by a fidelity bond?       10c       X       10d       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestry?       10d       X       10d       X         e       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.)       10d       X       10d       X       10d       X       10d			8j	Transfers to (from) the plan (see instructions)
2A       2E       2G       2J       2R       3B       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 V       Compliance Questions       Yes       No       Amou         a       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 DCL'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       2         c       Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10c       X       2         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       2         e       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.)       10d       X       2         f       Has the plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR 2520.101-3.)       10g       X       2         i       If this is an individual accou				IV Plan Characteristics
a       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         c       Was the plan covered by a fidelity bond?       10c       X       10d       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestly?       10d       X       10d       X         e       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?       10g       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       10i         exceptions to providing the notice app				V Compliance Questions
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         c       Was the plan covered by a fidelity bond?       10c       X       10c       X         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       X         e       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.)       10d       X         f       Has the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10d       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.       10d       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       V         Part VI       Pension Funding Compliance       11a       11a       11a	Yes No Amount			During the plan year:
on line 10a.)				
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         e       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       X         Part VI       Pension Funding Compliance       10i       10i       10i         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       11a				
or dishonesty?       10d       X         e       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       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X       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       X         Part VI       Pension Funding Compliance       10i       11a         11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       1				Was the plan covered by a fidelity bond?
e       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       Image: Complete the plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).         11a       Enter the amount from Schedule SB line 39.       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Image: Complete the code or section 302 of ERISA?	as caused by fraud			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	surance carrier, the plan? (See	ns by an insurance carrier, lefits under the plan? (See	er persons of the benefi	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR       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			n?	Has the plan failed to provide any benefit when due under the pla
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR         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		end.)	s of year en	Did the plan have any participant loans? (If "Yes," enter amount a
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	1 29 CFR	uctions and 29 CFR	(See instruc	If this is an individual account plan, was there a blackout period?
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)         11a       Enter the amount from Schedule SB line 39         11a       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	one of the	ed notice or one of the	ne required	If 10h was answered "Yes," check the box if you either provided the
11       Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)         11a       Enter the amount from Schedule SB line 39         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?				VI Pension Funding Compliance
11a       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	instructions and complete Schedule SB (Form	"Yes," see instructions and co	ents? (If "Ye	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?				
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 granting the waiver		zed in this plan year, see inst	ng amortized	If a waiver of the minimum funding standard for a prior year is bein
If you 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			Enter the minimum required contribution for this plan year

С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d					
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С	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.)							
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

08/13/2013 12:47	2085354315	EIMC			F	AGE 01/
Form 5500-SF	Short Form Annual	Return/Repor Benefit Plan	t of Small Emplo	oyee	, <b></b>	OMB Nos.
Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Bonefit Guaranty Corporation		t of 1974 (ERISA), an mai Revenue Code (th	d section 6057(b) and 605 le Code).	8(a) of -	This Form	2012 is Open to I
Part I Annual Report Id	entification Information	ordance with the ins	tructions to the Form 55	00-SF.		-
For calendar plan year 2012 or fiscal	plan year beginning	01/01/2012	2 and ending	12/3	1/2012	
A This return/report is for:	d a single-employer plan		r plan (not multiemployer)			
B This return/report is:	the first return/report	the final return/repo			one-particip	pant plan
Γ	] an amended retum/report	a short plan year re	turn/report (less than 12 m	onthe)		
Check box if filling under:	Form 5558	automatic extension		·	FVC progra	900
	special extension (enter description				n vo progra	
Part II Basic Plan Inform	nation enter all requested info	prmation				
a Name of plan				1b Thre	e-diait	<u> </u>
Eastern Idaho Medica	l Consultants, PLLC 40	1(k) Plan		plan	number	0.01
				(PN	ctive date of	001 f plan
a Plan sponsor's name and address				04/	01/2000	 
a Plan sponsor's name and addres Eastern Idaho Medica.	s; include room or suite humber (en 1 Consultants, PLLC	nployer, if for a single-	employer plan)		loyer (dentif ) 82-05	fication Numb 15666
3200 Channing Way, Su	uite A205			2c Spor (20	nsor's teleph 8) 535-	4300
S Idaho Falls	ID 83404			2d Busil 621	Business code (see instructio	
Plan administrator's name and ac	idress 🕱 Same as Plan Sponso	r Name 🔄 Same as	s Plan Sponsor Address	3b Adm	inistrator's E	EIN
If the name and/or EIN of the plan name, EIN, and the plan number i	sponsor has changed since the las	st return/report filed for	this plan, enter the	4b EIN		
a Sponsoris name				4C PN		
a Total number of participants at the	e beginning of the plan year	· · · · · · · · · · · · · · · · · · ·		5a		20
Total number of participants at the	end of the plan year			5b		18
<ul> <li>Number of participants with account <u>complete this item</u></li> </ul>	int balances as of the end of the pla	n year (defined benefit	plans do n <del>ot</del>	6-		10
Were all of the plan's assets durin	g the plan year invested in eligible a	assets? (See instructio	ns.}	5 <u>c</u>		18 XYes
<ul> <li>Are you claiming a waiver of the ar</li> </ul>	nnual examination and report of an i instructions on waiver eligibility and	independent qualified r	public accountant (IQPA)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	line 6a or line 6b, the plan cannot		ind must instead use Fo			X Yes
aution: A penalty for the late or in	complete filing of this return/repo	ort will be assessed :	uniess reasonable cause	is establie	herd	
nder penalties of perjury and other pe B or Schedule MB completed and sig allef, it is true, correct, and complete.	Palties set forth in the instructione	declare that I have as	en malm a al étu : à à à		4	Schedule edge and
	tol		Brady L. Cook	( M. A		
IERE Signature of plan administ	rator	Date 8.13.13	Enter name of individual	signing as ob	an administr	rator
	all.		Brady L. Look		<u>a</u> a.a. (() () ()	ELECT
ERE Signature of employer/plan		Date 8 13.13	Enter name of individual		nplover or p	lan sponsor
eparer's name (including firm name, i	if applicable) and address; include r	oom or suite number (	optional)			mber (optiona
or Paperwork Reduction Act Notice	and OMB Control Numbers, see	the Instructions for	Form 5500-SF.		For	rm 5500-SF ()

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Ĺ	Part III Financial Information						<u> </u>	<b></b>
7	Plan Assets and Liabilities		(a) Beginning of Ye	Ar	<u> </u>			
a	Total plan assets		2,309,				(u) Eni	d of Year
_ <u>b</u>	Total plan liabilities			<u> </u>				<u>2,737,3</u>
<u>_</u>	Net plan assets (subtract line 7b from line 7a)		2,309,	167				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	121				<u>2,737,3</u> Total
а	Contributions received or receivable from: (1) Employers					-	(8)	
	(2) Participants	• 8a(1)	145,					
	(3) Others (including rollovers)	. 8a(2)	73,	509				
b	Other income (loss)	. 8a(3)						
C								
đ	Benefits paid (including direct rollovers and insurance premiume	8c			_			522,9
	to provide benefits)	8d	94,	795				
<u>e</u>	Certain deamed and/or corrective distributions (see instructions)	8e			-			
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f		0				· · · ·
<u>_g</u>	Other expenses	8g		0				m
<u></u> n	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						94.7
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	<b>8</b> i						428,1
	Transfers to (from) the plan (see instructions)	8j						
	art IV Plan Characteristics				_ <b>_</b> ,			
9a	If the plan provides pension benefits, enter the applicable pension feature 2A 2E 2C 2.1 2B 2B 2D	re codes fro	m the List of Plan Characteris	the Co		the in		
	2A 2E 2G 2J 2R 3B 3D				ides (r)	ine m	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare featur	e codes from	the List of Blaz, Ob-					
			The cist of Fian Characteristic	c Cod	es in ti	he inst	ructions:	
Pa	art V Compliance Questions							
10	During the plan year:				Π			
а	Was there a failure to transmit to the plan any participant contribution	s within the ti	me period departhed in	1	Yes	No		Amount
	23 OF N 2010 3102 r (See Instructions and DOL's Voluntary Fiducier	v Correction	Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? (C on line 10a.)	io not ipoluda	transpetiene neueul - 1	106				
C	Was the plan covered by a fidelity bond?			10c		_ X		
d	Did the plan have a loss, whether or not releasured by the plan's fide			100	<b>. X</b>			250,
	- workshould a second			10d		x		
e	vivere any tees of commissions baid to any brokers, agents, or other n	oreaan by an	Second courts			- 1		
	insurance service or other organization that provides some or all of the instructions.)	benefits und	ler the plan? (See					
f	Has the plan failed to provide any benefit when due under the plan?			10e		x		
				10f		x		
<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount as of		S+++++++++++++++++++++++++++++++++++++	10g		x	_	
ĥ	If this is an individual account plan, was there a blackout period? (See 2520 101-3.)	instructions :	and 29 CFR					
i	2520.101-3.)			10h		x		
	If 10h was answered "Yes," check the box if you either provided the re- exceptions to providing the notice applied under 29 CFR 2520.101-3							
Par				10i				
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	? (If "Yes " s	e instructions and complete	Schee	Jule \$1	3 (Forr	n	
11a				******		······		Yes X
12	12 Is this a defined contribution plan subject to the minimum function and the minimum function of the							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as a	oplicable )		300 3	UZ OT L		?	Yes X
a	If a waiver of the minimum funding standard for a prior year is being an	official in this	s plan year, see instructions, a	and er	nter the	e date	of the lette	r ruling
		*********************	Mont	h		Day		Year
17 14								
<u>ify</u> b	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB Enter the minimum required contribution for this plan year	(Form 5500	), and skip to line 13.					

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C Enter the amount contributed by the employer to the plan for this plan year		<u> </u>	
Q Subtract the amount in line 12c from the amount in line 12b. Entry the result is an and the second sec			
	**	12d	
Part VII Plan Terminations and Transfers of Assets			
3a Has a resolution to terminate the plan been adopted in any plan year?			l No
If "Yes," enter the amount of any plan assets that reverted to the employer this year			
<ul> <li>b Were all the plan assets distributed to participants or beneficiaries, transferred to anothe of the PBGC?</li> <li>c if during this plan year, any assets or liebilities were transferred form this.</li> </ul>	r plan, or brought under the co		
C If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)	plan(s), identify the plan(s) to		Yes X
13c(1) Name of plan(s):		13c(2) EIN(s)	13c(3) PN
		<u> </u>	
Part VIII Trust Information (optional)			
4a Name of trust		14b Trust's El	N