For	n 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan					OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		This form is required to be filed u	ē	2	2013				
	artment of Labor lefits Security Administration	Retirement Income Security Act of 19		ctions 6057(b) and 6058		s Open to Public			
Pension Ben	Pension Benefit Guaranty Corporation Inspection								
Part I Annual Report Identification Information									
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013									
	rn/report is for:			an (not multiemployer)		a one-partici	pant plan		
B This retu	n/report is:								
an amended return/report a short plan year return/report (less than 12 months)									
C Check be	Check box if filing under:								
		special extension (enter description)							
Part II		nation—enter all requested informati	on		16	Thus a dist			
1a Name o EASTERN ID		JLTANTS, PLLC 401(K) PLAN			a	Three-digit plan number			
					4 -	(PN)	001		
					10	Effective date o 04/01	•		
	onsor's name and addr AHO MEDICAL CONS	ess; include room or suite number (emp ULTANTS, PLLC	ployer, if for a single-	employer plan)	2b	Employer Identi	fication Number		
		, -			2c	(EIN) 82-0515666 2c Sponsor's telephone number			
3200 CHANN	ING WAY, SUITE A205 S, ID 83404	5			2d	208-535-4300 Business code (see instruction			
20 Diam ad					2h	621111			
Ja Plan ad	ministrators name and	address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	30	Administrator's			
4 If the na	ame and/or EIN of the c	lan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN			
	EIN, and the plan numb	per from the last return/report.	·		4c PN				
		the beginning of the plan year			5a		18		
-		the end of the plan year			5b		18		
	· ·	count balances as of the end of the pla		•	5c		18		
		luring the plan year invested in eligible					X Yes No		
b Are you	u claiming a waiver of th	ne annual examination and report of an	independent qualifie	d public accountant (IQI	PA)				
		See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot					X Yes No		
-		plan, is it covered under the PBGC insu					Not determined		
·		-		,			Not determined		
		incomplete filing of this return/report r penalties set forth in the instructions,					able a Schedule		
SB or Scheo		signed by an enrolled actuary, as well							
	Filed with authorized/va	lid electronic signature.							
HERE Signature of plan administrator Date Enter name of individual signing as plan administrate						ninistrator			
SIGN HERE									
	Signature of employe		Date	Enter name of individu					
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)							number (optional)		

Pa	rt III Financial Information										
7	Assets and Liabilities (a) Beginning of			/ear (b) End of Y					Year		
а	Total plan assets	7a	273732	3	3527162						
b	Total plan liabilities	plan liabilities									
С	Net plan assets (subtract line 7b from line 7a)	et plan assets (subtract line 7b from line 7a) 7c 27373		3	3		35	27162			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
а	Contributions received or receivable from:	- (1)	147771								
	(1) Employers	8a(1)	8909								
	(2) Participants	8a(2) 8a(3)	0909								
	(3) Others (including rollovers)	EE 207	7								
	Other income (loss)	8b	55297	/							
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							89839		
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
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							0		
i	Net income (loss) (subtract line 8h from line 8c)	8i						1	789839		
j	Transfers to (from) the plan (see instructions)	8j									
Pa	t IV Plan Characteristics		L								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instru	ctions	:		
	2A 2E 2G 2J 2R 3B 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:			
Par	V Compliance Questions										
10					Yes	No		A			
	IODuring the plan year:YesNoAmountaWas there a failure to transmit to the plan any participant contributions within the time period described inVesVes										
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)										
b						х					
	on line 10a.)			10b	Х						
C				10c	^				:	300000	
d		•		104		х					
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			10d							
C	insurance service, or other organization that provides some or all					х					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period?					х					
<u> </u>	2520.101-3.)			10h		~					
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
Part	Part VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	plete	Sched	dule SF	3 (Form			_	
5500) and line 11a below)											
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a										
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	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 ruling granting the waiver										
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.				-				
h	Enter the minimum required contribution for this plan year					12b					

C	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 of a negative amount).	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A					
Part	Part VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	es X No						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes 🗙 No					
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	3c(2) EIN	l(s)	13c(3) PN(s)					
Part VIII Trust Information (optional)									
14a	Name of trust	14b Trust's EIN							

Form 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan					OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be filed			2013			
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of		ection 6057(b) and 6058(a		This Form	is Open to Public	
Pension Benefit Guaranty Corporation							
Part I Annual Report I	dentification Information	ance with the instru	ctions to the Form 5500	-5r.			
For calendar plan year 2013 or fiscal		01/01/2013	and ending	12	2/31/2013		
A This return/report is for:	x a single-employer plan	a multiple-employer pla	an (not multiemployer)	[a one-particip	pant plan	
B This return/report is:	the first return/report	he final return/report			_		
	an amended return/report	a short plan year retur	n/report (less than 12 mor	nths)			
C Check box if filing under:		automatic extension		[DFVC progra	ım	
special extension (enter description)							
Part II Basic Plan Infor	mation enter all requested information	otion					
1a Name of plan	mation enter all requested informa	allon		1b	Three-digit	1	
	al Consultants, PLLC 401(k) Plan			plan number	001	
Lastern Tuano Meuro	ar consultants, Fille 401(K) FIAN		10	(PN) ► Effective date o		
					04/01/2000		
2a Plan sponsor's name and addre Eastern Idaho Medica	ess; include room or suite number (emplo al Consultants, PLLC	oyer, if for a single-em	ployer plan)	2b	Employer Identi (EIN) 82-05	fication Number	
3200 Channing Way,	Suite A205			2c Sponsor's telephone number (208) 535-4300			
;				2d		e (see instructions)	
US Idaho Falls	ID 83404			01	621111		
3a Plan administrator's name and	address X Same as Plan Sponsor N	Name 🔄 Same as F	Plan Sponsor Address	3b Administrator's EIN			
				30	Administrator's	telephone number	
					Autoristiators		
	lan sponsor has changed since the last r	return/report filed for t	his plan, enter the	4b	EIN		
name, EIN, and the plan numbe a Sponsor's name	er from the last return/report.			40	DN		
5a Total number of participants at	the beginning of the plan year				4C PN 5a 18		
b Total number of participants at				5b		18	
	count balances as of the end of the plan					18	
	uring the plan year invested in eligible as			5c		X Yes No	
• • • • • • • • • • • • • • • • • • • •	e annual examination and report of an inc	A DE MARKET					
and a second	See instructions on waiver eligibility and	conditions)				X Yes No	
If you answered "No" to eith	er line 6a or line 6b, the plan cannot u						
c If the plan is a defined benefit p	plan, is it covered under the PBGC insura	ance program (see Ef	RISA section 4021)?		Yes N	o 🗌 Not determined	
Caution: A penalty for the late or	r incomplete filing of this return/repor	rt will be assessed u	nless reasonable cause	e is es	tablished.		
Under penalties of perjury and othe	penalties set forth in the instructions, I	declare that I have ex	amined this return/report,	includi	ng, if applicable,	a Schedule	
SB or Schedule MB completed and belief, it is true, correct, and completed	l signed by an enrolled actuary, as well a ate:	s the electronic versio	n of this return/report, and	l to the	best of my know	vledge and	
SIGN		10/15/2014	Scott Taylor				
HERE Signature of plan admir	ual signing as plan administrator						
SIGN 015 DOL Scott Taylor							
HERE Signature of employer/	l signin	g as employer o	r plan sponsor				
Preparer's name (including firm nar	me, if applicable) and address; include ro	oom or suite number (optional)	Prepa	arer's telephone	number (optional)	
				14 1 48 13	State of the state		
For Panenwork Reduction Act M	otice and OMB Control Numbers, see	the instructions for	Form 5500-SF	1. (1.1)	Row Constants	Form 5500-SF (2013)	
apointoin noudelloin Act No	state and only control numbers, see					2.111 0000-01 (2013)	

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Pa	art III Financial Information								
7	Plan Assets and Liabilities	and Liabilities (a) Beginning of Ye					(b) End of Year		
а	Total plan assets	7a	2,737,32	23	3,527,			3,527,16	2
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	2,737,32	23				3,527,16	2
8	Income, Expenses, and Transfers for this Plan Year	State of	(a) Amount				(b) To	tal	
а	Contributions received or receivable from:	a. (1)	1 4 7 7	7.1		1 Bit	and the second		1
	(1) Employers				1000 1000 1000 1000 1000 1000 1000 100	1 1			2 - Caller
	(2) Participants	8a(2)	89,09	1	1992 - 19 1992 - 19	1			121 101
b	(3) Others (including rollovers)	8a(3)	FE0.07		- Carlos	The lot			(1 + 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	552,97		1				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	80		10000	1			789,83	9
u	to provide benefits)	8d			No				
е	Certain deemed and/or corrective distributions (see instructions)	8e				1	and the second second	the agent in the	
f	Administrative service providers (salaries, fees, commissions)	8f		0	3.75		N STREET		Soul -
g	Other expenses	8g		0	a state	Sec.	化 在 真正的 教育	Contraction of the	Service of
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	a the second second second						0
i	Net income (loss) (subtract line 8h from line 8c)	8i	The state of the state of the state		12			789,83	9
i	Transfers to (from) the plan (see instructions)	8j			Can the second	Sec. Se	A Strate and the	145 ALL CALL	1. 200
P	art IV Plan Characteristics				And a second second				
_	If the plan provides pension benefits, enter the applicable pension feature	ire codes f	rom the List of Plan Characterist		dos in t	the int	structions:		
Ju	2A 2E 2G 2J 2R 3B 3D					uie ins	suucuons.		
-									
a	If the plan provides welfare benefits, enter the applicable welfare feature	re codes fro	om the List of Plan Characteristic	Code	es in th	ie inst	ructions:		
	art V Compliance Questions					2.4	r		
10	During the plan year:				Yes	No	A	mount	
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia)			10a		x			
b	 Were there any nonexempt transactions with any party-in-interest? (I on line 10a.) 			10b		x			
c	Was the plan covered by a fidelity bond?			10c	x			300,	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide	elity bond, ti	hat was caused by fraud						
	or dishonesty?		,	10d		x			
e	Were any fees or commissions paid to any brokers, agents, or other								
	insurance service, or other organization that provides some or all of t instructions.)			10e		x			
				10000		1000			
T	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	f year end.)		10g		x			
h	I If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)			10h		x			
i	If 10h was answered "Yes," check the box if you either provided the r exceptions to providing the notice applied under 29 CFR 2520.101-3		tice or one of the	10i					
Pa	rt VI Pension Funding Compliance								
	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) Yes X No								
11	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39								
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes 🗵 No							No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a 	I If a waiver of the minimum funding standard for a prior year is being a granting the waiver				enter ti	he dat _ Da		r ruling Year	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule I	MB (Form	5500), and skip to line 13.						
k	Enter the minimum required contribution for this plan year					12b			

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c	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 of a negative amount)	12d						
е	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 🗴 No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?		□ Ye	es X No				
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):	13c(2) EIN	(s) 13	c(3) PN(s)				
-								
Part	VIII Trust Information (optional)							

14a Name of trust

14b Trust's EIN