Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| Part I | | rt Identification Information | <u>1 </u> | | | | | | |
|------------------------|--------------------------|---|--|--|----------------------------------|----------------------------------|--|--|--|
| For calend | dar plan year 2014 or | fiscal plan year beginning 01/01/2 | 2014 | and ending 12/3 | 31/2014 | | | | |
| A This re | eturn/report is for: | a single-employer plan | | plan (not multiemployer) (oyer information in accord | - | | | | |
| | | a one-participant plan | a foreign plan | | | | | | |
| B This re | turn/report is | the first return/report | the final return/report | ne final return/report | | | | | |
| | | an amended return/report | a short plan year retu | urn/report (less than 12 mo | onths) | | | | |
| C Check | box if filing under: | X Form 5558 | automatic extension | | DFVC pro | ogram | | | |
| | | special extension (enter des | cription) | | | | | | |
| Part II | Basic Plan In | formation—enter all requested in | nformation | | | | | | |
| 1a Name | e of plan | AHO, PLLC 401(K) RETIREMENT | | | 1b Three-digit plan numbe | r | | | |
| | | | | | | 001 | | | |
| | | | | | 1c Effective da | te of plan 1/01/2002 | | | |
| 2a Plan : | sponsor's name and a | address; include room or suite numb AHO, PLLC | per (employer, if for a single | e-employer plan) | | entification Number 2-0537848 | | | |
| 9954 W. FN | AEDALD ST. #402 | | | | 2c Sponsor's to | elephone number 3-344-9400 | | | |
| BOISE, ID 8 | MERALD ST. #102 33704 | | | | 2d Business co | de (see instructions) | | | |
| 3a Plan | administrator's name | and address XSame as Plan Spor | neor | | 3b Administrator's EIN | | | | |
| ou man | | and address Figure as Fian open | 10011 | | 7 Kamillottator o Env | | | | |
| | | the plan sponsor has changed since number from the last return/report. | the last return/report filed | for this plan, enter the | 4b EIN | | | | |
| | sor's name | | | | 4c PN | | | | |
| 5a Total | number of participan | its at the beginning of the plan year | | | 5a | 13 | | | |
| b Total | number of participan | its at the end of the plan year | | | 5b | 13 | | | |
| | | h account balances as of the end o | . , , | • | 5c | 13 | | | |
| d(1) To | tal number of active p | participants at the beginning of the p | olan year | | 5d(1) | 13 | | | |
| d(2) To | ntal number of active i | participants at the end of the plan ye | ar | | 5d(2) | 13 | | | |
| e Numb | er of participants that | terminated employment during the | plan year with accrued bei | ŀ | 5e | (| | | |
| | | | | | | | | | |
| Under per SB or Sch | nalties of perjury and | e or incomplete filing of this retu other penalties set forth in the instru and signed by an enrolled actuary, molete. | uctions, I declare that I hav | e examined this return/rep | ort, including, if ap | plicable, a Schedule | | | |
| SIGN | | d/valid electronic signature. | 09/15/2015 | THOMAS GOODWIN | MD | | | | |
| HERE | Signature of plan | administrator | Date | Enter name of individu | ual signing as plan | administrator | | | |
| SIGN | | | | | | | | | |
| HERE | Signature of emp | loyer/plan sponsor | Date | Enter name of individu | ual signing as emp | loyer or plan sponsor | | | |
| Preparer's | | n name, if applicable) and address (| include room or suite numb | | | one number (optional) | | | |
| | | | | | | | | | |

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|------|--|---------------------------------------|--|---------|----------|-----------------|-----------------|---------------------|--------|
| b | Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the control of th | an indeper and condit ot use Fo | ndent qualified public accounta ions.)rm 5500-SF and must instead | nt (IC | PA) Form | 5500. | | X Yes | s 🗌 No |
| | f the plan is a defined benefit plan, is it covered under the PBGC in | surance p | rogram (see ERISA section 40 |)21)? | | Yes | No | Not dete | rmined |
| Par | t III Financial Information | | Г | | - | | | | |
| | Plan Assets and Liabilities | | (a) Beginning of Yea | | | | (b) End | | 400 |
| | Total plan assets | 7a | 28353 | 730 | - | | | 3160 | 730 |
| | Total plan liabilities | 7b | 28305 | | | | | 3155 | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | | J00 | | | (L) T | | 090 |
| | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: | | (a) Amount | | | | (b) To | otai | |
| | (1) Employers | 8a(1) | 1038 | 335 | | | | | |
| | (2) Participants | 8a(2) | 686 | 511 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | |
| b | Other income (loss) | 8b | 1526 | 667 | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 325 | 113 |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | |
| | 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 | | | | | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 325 | 113 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Par | t IV Plan Characteristics | | | | | | | | |
| b | | eature cod | les from the List of Plan Charad | cterist | | | the instruction | ons: | |
| 10 | During the plan year: | | | I | Yes | No | | Amount | |
| | Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu. | iciary Cor | rection Program) | 10a | | X | | | |
| | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | X | | | |
| c | Was the plan covered by a fidelity bond? | | | 10c | X | | | | 350000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | | | 10d | | X | | | |
| e | Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) | of the ben | efits under the plan? (See | 10e | | X | | | |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | X | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as | s of year e | end.) | 10g | | X | | | |
| h | If this is an individual account plan, was there a blackout period? (2520.101-3.) | • | | 10h | | X | | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | Ye | s X No |
| 11a | Enter the unpaid minimum required contribution for current year fr | om Sched | lule SB (Form 5500) line 39 | | | 11a | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | ents of section 412 of the Code | or se | ection 3 | 302 of | ERISA? | Ye | s X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | · | | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | - | | | , and e | enter th Day | | ie letter r Year | uling |

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|------|---|----------------------------|----------------------|---------|---------|-----------------|------|
| lf : | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For | m 5500), and skip to lin | e 13. | | | | |
| b | Enter the minimum required contribution for this plan year | | | 12b | | | |
| | | | | | | | |
| С | Enter the amount contributed by the employer to the plan for this plan year | | | 12c | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result 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 X No | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer the | nis year | | 13a | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC? | | • | ontrol | | Yes | (No |
| С | If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.) | in to another plan(s), ide | ntify the plan(s) to |) | | | |
| 1 | 3c(1) Name of plan(s): | | 130 | c(2) EI | N(s) | 13c(3) P | N(s) |
| | | | | | | | |
| | | | 1 | | | l | |

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

| • | | | | | • | | | |
|---|--|---|--|------------------|--|--|--|--|
| Form 5500-SF | Short Form Annual | Return/Repor | t of Small Em | oloyee | OMB Nos. 1210-011 1210-008 | | | |
| lu(etusi Kanduha Sarvica | This form is required to be filed under sections 104 and 4085 of the Employee | | | | | | | |
| Oepariment of Labor Employee Genefile Security Administration Panelon Benefit Guaranty Corporation | 6059(a) of | This Form is Open to Public Inspection | | | | | | |
| Annual Report I | ▶ Complete all entries in acc dentification information | COLUMNES WITH THE HIS | muchona to the roni | 10000-ST. | | | | |
| For calendar plan year 2014 or fisc | el plan year beginning | 01/01/2014 | L and ending | 12/. | 31/2014 | | | |
| A This return/report is for: B This return/report is: | a single-employer plan a one-parlicipant plan the first return/report | | ployer information in a | | ക്ng this box must attach a list the form instructions) | | | |
| | en emended return/report | | eturn/report (less than | 12 months) | | | | |
| | . | | • • | - | m = 1.6 | | | |
| C Check box if filling under: | xi Form 6558 special extension (enter descrip | automatic extension | n | Ц | DFVC program | | | |
| Ramill Basic Plan Infor | mation enter all requested in | | · · · · · · · · · · · · · · · · · · · | , . | | | | |
| 1a Name of plan | III A LICHT BIJER AN LEQUESTED IN | rometion | | 1 5 Th | ree-digit | | | |
| • | of Idaho, PLLC 401(k) | Retirement Plan | 1 | elq | n number √) ► 001. | | | |
| | | ************ | ^ | | ective date of plan | | | |
| W_ 'Z''' | | | | , p± | /01/2002 | | | |
| 2a Plan sponsor's name and add The Shoulder Clinic | ress; include room or suite numbe of Idaho, PLLC | r (employer, if for a sli | ngle-employer plan) | | nployer Identification Number N) 82-0537649 | | | |
| | | | | _ ` | onsor's telephone number | | | |
| 8856 W. Wmerpld St. #102 | | | | | 08) 344-9400 | | | |
| | | | | | siness code (see instructions) 1111 | | | |
| 38 Plan administrator's name and | address X Same as Pign Soor | sor Name | | | ministrator's EIN | | | |
| | | 7001 1141110 | | OZ / Kil | Historia Prisa | | | |
| | | | | 3c Adı | ninistrator's telephone number | | | |
| | | | | | | | | |
| | | | | | ç | | | |
| 4 If the name and/or EIN of the p | pian eponsor has changed since th | e lest return/report file | d for this plan, enter th | e 4b Ein | | | | |
| name, EIN, and the plan numb | | | | | | | | |
| ā Sponsor's name | | | | 4c PN | | | | |
| 5a Total number of participants at b Total number of participants at | the beginning of the plan year the end of the plan year | | | | 13 | | | |
| | count balances as of the end of th | | | - | ±3 | | | |
| complete this Item) | ********************************* | , 1 x 1 t x 2 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 13 | | | |
| d(1) Total number of active partic | | year | . pagļauppa abst 100 radot 10 radata dātabis | | 13 | | | |
| d(2) Total number of active partic | | | | 5d(2) | 19 | | | |
| | minated employment during the pl | | | 50 | d d | | | |
| Caution: A penalty for the late or | incomplete filling of this return/ | report will be assess | ed unless reasonable | cause is est | blished. | | | |
| Under penalties of perjury and othe SB or Schedule MB completed and bellef, it is trug-screet, and comple | or penalties sat forth in the instructi I eigned by an enrolled actuary, as | ons, I declare that I ha | ive exemined this retur | n/report, includ | ding, if applicable, a Schedule | | | |
| X/2 amy 4 | [Levely Jan | x 9/15/15 | Thomas Goodwi | 71. MT) | | | | |
| 明氏院 Signature of plan admini | strator | Dale | ************* | ****** | e plan administrator | | | |
| 35(GN) | | | | | additionally | | | |
| 周囲 Signature of employer/pi | an sponsor | Date | Enter name of Indiv | dusi signing s | s amployer or plan aponsor | | | |
| Preparer's name (including firm nam | ne, if applicable) end address; incl | | hel' (optional) | | telephone number (optional) | | | |
| | | | 14-15 | | | | | |
| | . 57 | ATE | | | 2 ' " " | | | |

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|----------|--|--------------------------|--|---------------|------------------|----------------------------|--|--|
| Ĝa | Were all of the plan's assets during the plan year invested in eligible | e assels? | (See Instructions.) | | ******** | | XYes No | |
| þ | Are you claiming a walver of the annual examination and report of a | an Indeper | ndent qualified public accounta | nt (IC | PA) | | | |
| | under 20 CFR 2520.104-46? (See instructions on walver eligibility a If you answered "No" to elther line 6a or line 6b, the plan cann | and conditi ot use Fo | ions.) rm 5500-SF and must instead | | | | No | |
| a | if the plan is a defined benefit plan, is it covered under the PBGC in | | | | | | ☐ No ☐ Not determined | |
| | Financial Information | | | | | | 1 | |
| 7 | Pian Assets and Liebiiities | | (a) Beginning of Yes | ar | <u> </u> | | (b) End of Year | |
| a | Total plan sasets | 7g | 2,835,3 | | 1 | | 3,160,423 | |
| b | Total plan liabilities | 7b | 4,7 | | | | 4,730 | |
| C | Net plan seeds (subtract line 7b from line 7g) | 7c | 2,930,5 | | | 3,155,693 | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | | | | | (b) Total | |
| a | Contributions received or receivable from: (1) Employers | 8a(1) | 103,6 | 12 6 | | | | |
| - | (2) Participants | 8a(2) | 58,6 | | 027700 | | ARZUCULA DA ESTANZA ER EN INTERNA DE UN DE EN | |
| _ | (3) Others (including rollovers) | 82(3) | 0071 | - | MAJE! | CONTINUENCE CONTINUENCE | CARADAN NEGITATORIO NA PARAZANTA NEGITATA DE LA CARADAN DE LA CARADAN DE LA CARADAN DE LA CARADAN DE LA CARADA | |
| þ | Other Income (loss) | 8b | 152,6 | 67 | | | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | INCOMP STATE | 325,113 | |
| 7 | Benefits paid (including direct rollovers and insurance premiums | | PAGENTALISMOSTIJAI INTO OKA PASIA INTO PAGENTALISMOSTI PAGENTA | RESTRICTED TO | | | | |
| | to provide benefits) | 8d | | | 3000 | | ATALISHA SESSAMBA BIQKA SEMPANGGA PA | |
| <u> </u> | Certain deemed and/or corrective distributions (see instructions) | 80 | | | 100 | | | |
| <u>f</u> | Administrative service providers (ealeries, jees, commissions) | 8f | | | THE STATE OF | | | |
| g | Other expenses (add lines 8d, 8e, 8f, and 8g) | 8g 8h | AFZIGLATO HARTISANA LARKITAR AKANDA ISHI UKURLIN MU | indelenia | LIANARITE Roj | 洲的洲域 | AUGANAMATERAATINIHANDINAN AARAA OLOHANAN M | |
| + | Net income (loss) (subtract line \$h from line 6c) | | | | Ma | , | 325,113 | |
| Ť | Transfers to (from) the plan (see instructions) | 8) | | INDEX. | | | | |
| | Plan Characteristics | | | | 1000000348 | MANAGEMENT | NAME OF STREET OF ST | |
| - | If the plan provides panaion behefite, enter the applicable pension fe 2표 2포 2명 2강 3D | eture oode | es from the Liet of Plan Chared | ierleii | ¢ Öod | es in the | e instructions: | |
| | if the plan provides welfare benefits, enter the applicable welfare feat | ture codes | from the List of Plan Characti | aristic | Code | in the | instructions: | |
| III a | Compliance Questions | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount | |
| a | Was there a fallure to transmit to the plan any participant contribut 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduol | ary Correc | tion Program) | 10a | | x | | |
| d | Were there any nonexempt transactions with any party-in-interest? on line 10s.) | (Do not In | oclude transactions reported | 106 | | 22 de 1 | | |
| C | | | | 10c | X | :+ | 350,000 | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? | Idelity bon | d, that was caused by fraud | 104 | | x | | |
| ę | Were any feee or commissions paid to any brokers, agents, or other | er porsons | by an insurance carrier, | | | | | |
| | insurance service, or other organization that provides some or all o | f lha bene | lits under the plan? (See | 100 | , | x \ | | |
| f | Has the plan falled to provide any benefit when due under the plan? | | | 101 | | - - | | |
| <u> </u> | | | | - | | X : | | |
| <u> </u> | Did the plan have any participant loane? (If "Yes," enter amount as | | · · · · · · · · · · · · · · · · · · · | 10g | | X VAN | IB JANGTA GARANG PENJANG ING ANG ING ANG ING ANG ING ING ING ANG ING ING ING ING ING ING ING ING ING I | |
| h | If this is an individual account plan, was there a blackout period? (S 2620.101-3.) | | *************************************** | 10h | | х | | |
| 1 | if 10h was snawered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2820.101- | required (| notice or one of the | 101 | | | | |
| Pair | Pension Funding Compliance | | | | | | | |
| 11 | is this a defined banefit plan subject to minimum funding requireme 5500) and line 11a below) | nta? (il "Y | es," see instructions and comp | iete 5 | ahedi | ila SB (I | Form Yes X No | |
| 11a | Enter the uppeld minimum required contribution for current year from | | | | | | 111 | |
| 12 | is this a defined contribution plan subject to the minimum funding re | | | | | 2 of ER | ISA? Yes 🛣 No | |
| | (If "Yee," complete line 12s or lines 12b, 12c, 12d, and 12e below, a | | | | | | | |
| a | If a walver of the minimum funding standard for a prior year is being granting the walver | amortized | in this plan year, see instruct | lons, a | nd en | ter the d | date of the letter ruling | |

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|----------|---|--|--|--------------|--------------|
| lf y | ou completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 550) |), and akip to line 13, | | | |
| þ | Enter the minimum required contribution for this plan year www. | *************************************** | 12b | | |
| | , | <u> </u> | | | |
| 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 negative amount) | | 12d | | |
| . 0 | Will the minimum funding amount reported on line 12d be met by the funding dead | <u> </u> | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | Yes [| No NA |
| | Plan Terminations and Transfers of Assets | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | trdånsååddelfilåtliti innennlårrennisserenisseriå. | | ′as X N | o |
| | If "Yee," enter the amount of any plan assets that reverted to the employer this yea | (************************************** | 18a | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC? | | | | Yes X No |
| C | If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.) | other plan(s), identify the pla | n(s) to | | |
| 1 | 3c(1) Name of plan(s): | | 13c(2) EIN | (8) | 13c(3) PN(s) |
| | | | | | |
| | | | | | |
| | Y(III) Trust Information (optional) | <u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u> | • | | |
| 14 s N | ame of trust | | 14h 7 | rust's EIN | |
| 1-144 /1 | ALLIA AL LINAGI | | 1-14 | Ingra Cili | • |
| | | | | | |
| | | | 1 | | |