-	rm 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed u		065 of the Employee R	etirement	2014			
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E	RISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection			
Pension Be	enefit Guaranty Corporation	Complete all entries in acc	cordance with the instr	uctions to the Form 5	500-SF.	Public inspection			
Part I		dentification Information cal plan year beginning 01/01/2014	1	and onding 12	/31/2014				
	ar plan year 2014 or fisc	X a single-employer plan		6		king this box must attach a list			
A This ret	urn/report is for:			ver information in accord		-			
_		a one-participant plan	a foreign plan						
B This retu	ırn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths)				
C Check b	oox if filing under:	X Form 5558	automatic extension		D	FVC program			
		special extension (enter descript	ion)						
Part II		mation—enter all requested inform	mation		1				
1a Name	•	SULTANTS PLLC 401K PLAN			1b Thre	e-digit number			
LIGILIA					(PN)				
					1c Effect	ctive date of plan 04/01/2000			
	oonsor's name and add	ress; include room or suite number (ULTANTS PLLC	(employer, if for a single-	employer plan)	2b Emp (EIN)	loyer Identification Number) 82-0515666			
					2c Spor	nsor's telephone number			
3200 CHANN SUITE A205					2d Busir	208-535-4300 ness code (see instructions)			
IDAHO FALL	S, ID 83404					621111			
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor			3b Adm	inistrator's EIN			
			last seturn/separt filed fo	a this plan antor the		inistrator's telephone number			
name,	EIN, and the plan num	plan sponsor has changed since the ber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b EIN				
- <u>-</u> ·	or's name	at the beginning of the plan year			4c PN 5a	18			
		at the end of the plan year			5a 5b	18			
C Numb	er of participants with a	ccount balances as of the end of the	e plan year (defined bene	fit plans do not	5c	18			
		icipants at the beginning of the plan			5d(1)	18			
d(2) Tota	al number of active part	icipants at the end of the plan year			5d(2)	18			
e Numbe	r of participants that ter	minated employment during the plar	n year with accrued bene	fits that were	5e				
		r incomplete filing of this return/re			leo is ostat	hished			
Under pena SB or Sche	alties of perjury and oth	er penalties set forth in the instructio d signed by an enrolled actuary, as v	ons, I declare that I have	examined this return/re	port, includi	ng, if applicable, a Schedule			
SIGN		alid electronic signature.	10/16/2015	SCOTT TAYLOR					
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan administrator			
SIGN	Filed with authorized/v	alid electronic signature.	10/16/2015	SCOTT TAYLOR					
HERE	Signature of employ		Date			as employer or plan sponsor			
SCOTT B. S SMITH, KUN 15 W MAIN		me, if applicable) and address (inclu	ude room or suite numbe	r) (optional)	Preparer's	s telephone number (optional) 208-356-8500			
For Baporw	ork Poduction Act Notico	and OMB Control Numbers, see the in	structions for Form 5500-	9F		Form 5500-SF (2014)			

6a	Were all of the plan's assets during the plan year invested in eligibl	le assets?	(See instructions.)				X Yes No			
	Are you claiming a waiver of the annual examination and report of a	an indeper	ndent qualified public accounta	nt (IC	PA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno		,							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 40	21)?		Yes	No Not determined			
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year			
а	Total plan assets	7a	35271	62			3642369			
b	Total plan liabilities	7b		0						
С	Net plan assets (subtract line 7b from line 7a)	7c	35271	62			3642369			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from:	0-(1)								
	(1) Employers	8a(1)								
	 (2) Participants	8a(2)								
b	(3) Others (including rollovers) Other income (loss)	8a(3) 8b								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	00 28			-					
	Benefits paid (including direct rollovers and insurance premiums	00								
	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)									
g	Other expenses									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	al expenses (add lines 8d, 8e, 8f, and 8g) 8h								
i	Net income (loss) (subtract line 8h from line 8c)	income (loss) (subtract line 8h from line 8c)								
j	Transfers to (from) the plan (see instructions)									
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 2R 2A 3B 3D	feature co	des from the List of Plan Chara	acteri	stic Co	odes in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in tl	he instructions:			
Par	V Compliance Questions									
10					Yes	No	A			
	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions withi	n the time period described in		res	NO	Amount			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Cori	rection Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		x				
c						X				
d				10c		~				
	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all									
	instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the plan		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	10q		Х						
h	If this is an individual account plan, was there a blackout period? (•		10h		Х				
i		ne required	d notice or one of the	10h						
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection :	302 of	ERISA? Yes X No			

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

Page 3 - 1

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		
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 onegative amount)	of a	12d		
e 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?		· 🗆 ۲	Yes 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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

Form 5500-SF Department of the Treasury Internal Revenue Service	Short Form Annual R	Return/Report Benefit Plan	t of Small Employ	'ee	OMB Nos. 1210-0110 1210-0089
Department of Labor Employee Benefits Security Administration	. This form is required to be filed ur Income Security Act of 1974 (ER		• •		2014
	Re	evenue Code (the Code)	1	Thi	s Form is Open to
Pension Benefit Guaranty Corporation	Complete all entries in accor	dance with the inst	ructions to the Form 5500	-SF. P	ublic Inspection
Part I Annual Report I	dentification Information		······································		
For calendar plan year 2014 or fisca		ar	nd ending		
A This return/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		
	a one-participant plan	a foreign plan			
B This return/report is:	the first return/report	the final return/repor	t		
	an amended return/report	a short plan year ret	urn/report (less than 12 mo	nths)	
C Check box if filing under:	Form 5558 Special extension (enter description	automatic extension			program
Part II Basic Plan Infor	mation—enter all requested infor		· · · · ·		
1a Name of plan				1b	Three-digit plan
	ICAL CONSULTANTS PLLO	C 401K PLAN			number (PN) ► 001
				1c	Effective date of plan
					04/01/2000
-	Iress; include room or suite number	(employer, if for a si	ingle-employer plan)	2b	Employer Identification No. (EIN) 82-0515666
				2c	Sponsor's telephone number
3200 CHANNING WAY SUITE A205				24	208-535-4300
IDAHO FALLS	ID 83404			2d	Business code (see instr.)
					621111
3a Plan administrator's name and	d address 🕱 Same as Plan Spon	sor.	····	3b	Administrator's EIN
				30	Administrator's
					telephone number
4 If the name and/or EIN of the plan	sponsor has changed since the last return	n/report filed for this pla	n, enter the name, EIN,	4b	EIN
and the plan number from the last		•		4c	PN
5a Total number of participants a	at the beginning of the plan year \ldots			<u>5a</u>	18
b Total number of participants a	at the end of the plan year			5b	0
	ccount balances as of the end of the	e plan year (defined l	benefit plans do not	5c	
complete this item)					
	cipants at the beginning of the plan				18
	cipants at the end of the plan year rminated employment during the pla		honofita that wara	5d(2)	0
	anninated employment during the pa	•		5e	0
Caution: A penalty for the late or				se is establis	
Under penalties of perjury and other					
Schedule SB or Schedule MB comp				-	
knowledge and belief, it is true, corr	ect, and complete.				
	I/VALID E-SIGNATURE	rolistic	SCOTT TAYLOR		
HERE Signature of plan adm	,	Date	Enter name of individual s	signing as pla	n administrator
SIGN HERE Signature of employer	- For Scott Taylor	11/15/18	SCOTT TAYLOR	loualn	
		Date de room er suite pun	Enter name of individual s		
Preparer's name (including firm nam SCOTT B. SMITH	re, ir applicable) and address; INCIU	ue room of suite nun	nuer (optional) Pre	parers telepi	none number (optional)
SMITH, KUNZ & ASSOCIA	ATES				
15 W MAIN			20	8-356-85	500
REXBURG	ID 83440-0646				
For Paperwork Reduction Act Notice	and OMP Control Numbers, see the l	instructions for Form	5500 SE		Form 5500.8E (2014)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2014)

	Form 5500-SF 2014		age 2-			
ba 🗌	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					X Yes No
	Are you claiming a waiver of the annual examination and report of an independent qualified publi				• • • • • • •	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)		•			🕱 Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and m	ust ins	stead use F	orm 5	500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	?	Г	Yes	\square	No Not determined
	till Financial Information		<u> </u>			
<u>7</u>	Plan Assets and Liabilities		(a) Beginn		Voor	(b) End of Year
a	Total plan assets	7a		352		364236
<u>~</u>	Total plan liabilities	7b		202	0	
č	Net plan assets (subtract line 7b from line 7a)	70 70		352		364236
8	Income, Expenses, and Transfers for this Plan Year	76		mouni		
a	Contributions received or receivable from:		(a) Ai	noun		(b) Total
a	(1) Employers	0(1)				
	(2) Participants	8a(1)				
	(3) Others (including rollovers)	8a(2)				
b		8a(3)				
	Other income (loss)	8b		********		
 d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				
u	Benefits paid (including direct rollovers and insurance premiums	0.4				
_	to provide benefits)	8d 8e				
e £	Certain deemed and/or corrective distributions (see instructions)	8f				
<u> </u>	Administrative service providers (salaries, fees, commissions)					
<u>g</u>	Other expenses	8g				
<u></u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				
	Net income (loss) (subtract line 8h from line 8c)	8i				
	Transfers to (from) the plan (see instructions)	8j				
	TIV Plan Characteristics					
9a	· · · · · · · · · · · · · · · · · · ·	of Plan	Characteris	tic Co	des in	the instructions:
	2A 2E 2G 2J 2R 1A 3B 3D					
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of	f Plan C	Characteristi	c Cod	es in tl	ne instructions:
-						
	tV Compliance Questions			<u>.</u>	· ·	
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 d	escribe				
I -	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		<u>10a</u>	<u> </u>	x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	•				
	on line 10a.)		10b		x	
<u> </u>	Was the plan covered by a fidelity bond?			ļ	X	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused	•				
	or dishonesty?				X	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance of					
	insurance service, or other organization that provides some or all of the benefits under the plan	,				
	instructions.)	<u></u>	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?			L	x	
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g	ļ	X	
g	If this is an individual approximately some them a black out projector (0, c) is the structure and 00,0000	2				
g h	If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR					
g h	2520.101-3.)		10h			
g h i		 he				

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		
<u>11a</u>	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) 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?			Yes	X	No	
	(If "Yes," complete line 12a or lines 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 instructions, and ent	er the	date o	of the le	etter	ruling	

granting the waiver.

Day

Year

Month

EAST5666TPA 10/16/2015 12:53 AM

EAS	STERN	IDAHO MEDI	CAL	CONSULTANTS		82-05156	566	_						
		Form 5500-SF 2	014					Page 3						
lf y	ou com	pleted line 12a, c	omple	ete lines 3, 9, and 10	of Sc	hedule MB (Fo	rm 5500), and skip	to line 13.						
b	Enter t	he minimum requ	ired co	ontribution for this plai	n year					12	b			
		-												-
С	Enter t	he amount contrib	uted b	y the employer to the	e plan f	or this plan yea	r	· · · · · · · · · · · · · · · · · · ·		12	C			
d	Subtra	ct the amount in li	ne 12a	from the amount in I	ine 12	b. Enter the res	ult (enter a minus sig	n to the left o	fa					·
	negativ	/e amount)							••••••••	12	d			
е	Will the	e minimum fundin	g amo	unt reported on line 1	2d be i	met by the fund	ing deadline?				Y	es	No	_N/A
Part	VII	Plan Termin	ation	s and Transfers	of As	ssets								
<u>13a</u>	Has a	resolution to termi	nate th	ne plan been adopted	in any	plan year?			• • • • • • • • • • • •		<u>Υ</u>	es 🛛	X No	
	If "Yes	," enter the amou	nt of ar	ny plan assets that re	verted	to the employe	r this year			13	a			
b	Were a	all the plan assets	distrib	uted to participants o	r bene	ficiaries, transfe	erred to another plan,	, or brought u	nder the co	ntrol		_		
	of the l	PBGC?											Yes	X No
С	lf durin	ig this plan year, a	ny ass	sets or liabilities were	transfe	erred from this p	plan to another plan(s	s), identify the	plan(s) to					
	which a	assets or liabilities	were	transferred. (See inst	ruction	is.)								
1	13c(1) N	Name of plan(s):							13c(2)	ΞΙΝ(:	s)		13c(3)	PN(s)
Part	VIII	Trust Inform	ation	(optional)										
14a ⊧	Name of	trust							14b Tru	st's F	ΞIN			