Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information					
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	0	and ending	12/31/2	2010	
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan
В	This return/report is for: first return/report	final retur	n/report			
	an amended return/report	short plar	year return/report (less than 12 m	onths)		
С	Check box if filing under: Form 5558	automatio	extension		DFVC progra	m
•	special extension (enter descriptio					
Pa	Irt II Basic Plan Information—enter all requested informa	,				
	Name of plan	ation		1b	Three-digit	
	LIATED NEUROLOGISTS 401(K) PLAN				plan number	001
					(PN) •	001
				1c	Effective date of 01/01/2	•
22	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identif	
	LIATED NEUROLOGISTS, PLLC	piari)		25	(EIN) 82-0502	
				2c		elephone number
338 6 LEW	STH ST., SUITE 102 STON, ID 83501				208-746	
				2a	Business code (see instructions)
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	e")	3b	Administrator's E	EIN
AFFI	LIATED NEUROLOGISTS, PLLC 338 6TH ST., LEWISTON, I	, SUITE 10	02		82-0502	
				3c	Administrator's t	elephone number
4	f the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4h	EIN	
	name, EIN, and the plan number from the last return/report. Sponso		F ,			
_					PN	
5a	Total number of participants at the beginning of the plan year			- 5a		8
b	Total number of participants at the end of the plan year			5b		8
С	Total number of participants with account balances as of the end of complete this item)		•	5c		8
62	Were all of the plan's assets during the plan year invested in eligible					X Yes No
_	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					X Yes No
D-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.		
	rt III Financial Information					
7	Plan Assets and Liabilities	_	(a) Beginning of Year 56813	85	(b) End	of Year 739468
a h	Total plan lish lities	7a	555.15			700100
C	Total plan liabilities		56813	35		739468
8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c			/b) T	
a	Contributions received or receivable from:		(a) Amount		(b) T	otai
_	(1) Employers	8a(1)	5312	25		
	(2) Participants	8a(2)	2460	00		
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	9885	8		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				176583
d	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				
g	Other expenses	8g	525	50		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				5250
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				171333
i	Transfers to (from) the plan (see instructions)	Qί				

	Form 5500-SF 2010 Page 2-		_							
ar	t IV Plan Characteristics									_
a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in	the instru	ctio	ns:			_
_	2E 2F 2G 2J 2K 2R 3B 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	octorica	ic Coc	loc in t	ho instruc	tion	٠٠.			
,	in the plan provides werrare benefits, enter the applicable werrare reature codes from the List of Flan Chara	acteris:	ic Coc	162 111 (ile ilistiuc	liUi	15.			
art	V Compliance Questions									_
)	During the plan year:		Yes	No		Ar	noun	t		_
а	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						
С	Was the plan covered by a fidelity bond?	10c	X						4500)0
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						
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X						
f	Has the plan failed to provide any benefit when due under the plan?	10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X						3027	′3
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								
ırt	VI Pension Funding Compliance									
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Ye	es	N	o
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	ERISA?		Ye	es	X N	0
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver									
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day _			Jui			
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 (enter a minus sign to the left negative amount)		[12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No		N/A	١.

Part VII | Plan Terminations and Transfers of Assets

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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.)

 13c(1) Name of plan(s):
 13c(2) EIN(s)
 13c(3) PN(s)

Yes

Yes X No

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/19/2011	DR. MARK KEANE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan

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

Short Form Annual Return/Report of Small Employee

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

-		uance wit	if the instructions to the Point 550	U-3F.	<u> </u>
	art I Annual Report Identification Information calendar plan year 2010 or fiscal plan year beginning	01/01/	2010 and ending		12/21/2010
					12/31/2010 one-participant plan
_	This return report is for.				
В	This return/report is for:	final retu	•		
	an amended return/report	short pla	n year return/report (less than 12 mo	nths)	
С	Check box if filing under:	automatic	cextension		DFVC program
	special extension (enter description				
P	art II Basic Plan Information—enter all requested inform	ation			
1a	Name of plan			1b	Three-digit
	Affiliated Neurologists 401(k) Plan				plan number (PN) 001
				10	Effective date of plan
					01/01/2003
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
	Affiliated Neurologists, PLLC				(EIN) 82-0502419
	338 6th St., Suite 102			2C	Plan sponsor's telephone number 208-746-3320
				2d	Business code (see instructions)
	Lewiston ID 83501		21		621111
3a	Plan administrator's name and address (if same as Plan sponsor, e Affiliated Neurologists, PLLC	nter "Same	∍")	3b	Administrator's EIN
	338 6th St., Suite 102			30	82-0502419 Administrator's telephone number
	Lewiston ID 83501			30	208-746-3320
4	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	DN
	Total number of participants at the beginning of the plan year			ъ- 5а	
b					8
c	Total number of participants with account balances as of the end of			5b	8
	complete this item)			5c	8
	Were all of the plan's assets during the plan year invested in eligib				X Yes No
b	Are you claiming a waiver of the annual examination and report of	an indeper	ident qualified public accountant (IQI	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo				Yes No
Pa	irt III Financial Information	JIII 3300-	or and must instead use rollings	00.	
7	Plan Assets and Liabilities		(a) Beginning of Year	Τ-	(b) End of Year
а	Total plan assets	7a	56813	5	739468
b	Total plan liabilities				
C	Net plan assets (subtract line 7b from line 7a)	7c	56813	5	739468
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:				
	(1) Employers	8a(1)	5312	5	
				_	
	(2) Participants	8a(2)	2460	0	
	(3) Others (including rollovers)	8a(3)			
b	(3) Others (including rollovers)	8a(3) 8b	9885		
C	(3) Others (including rollovers)	8a(3)			176583
	(3) Others (including rollovers)	8a(3) 8b 8c			176583
C	(3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8a(3) 8b 8c 8d			176583
c d	(3) Others (including rollovers)	8a(3) 8b 8c 8d 8e			176583
c d e f	(3) Others (including rollovers)	8a(3) 8b 8c 8d 8e 8f		8	176583
c d e f g	(3) Others (including rollovers)	8a(3) 8b 8c 8d 8e 8f 8g	9885	8	
c d e f	(3) Others (including rollovers)	8a(3) 8b 8c 8d 8e 8f	9885	8	176583 5250 171333

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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: 2E 2F 2G 2J 2K 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		Amount	
a	Was there a failure to transmit to the plan any participant contribu- 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	itions within the timuciary Correction P	ne period described in Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10ь		х			1,,,
С	Was the plan covered by a fidelity bond?			10c	х				45000
đ	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	,		
е	Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all instructions.)	ner persons by an i	insurance carrier, er the plan? (See	10e		Х			• • • • • • • • • • • • • • • • • • • •
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end.)		10a	Х				30273
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instructions a	nd 29 CFR	10g 10h		х			
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	he required notice	or one of the	10i				- 114.4	
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500))	ents? (If "Yes," se	e instructions and comp	plete S	Sched	ule SB	(Form	Yes	∏ No
12	Is this a defined contribution plan subject to the minimum funding							Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applic								_
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortized in this	s plan year, see instruc Mont	lions,	and e	nter th	e date of th	ne letter ru	ıling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedul			''		Day.		Teal	
b	Enter the minimum required contribution for this plan year				Г	12b			
С	Enter the amount contributed by the employer to the plan for this p	olan year				12c			· ·
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	the result (enter a	minus sign to the left o	of a	[12d			
е	Will the minimum funding amount reported on line 12d be met by	the funding deadlin	e?		•••••		Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the pla	an year or any prior	r year?				_	Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the e	employer this year	*************************************		<u> </u> [13a			
ġ	Were all the plan assets distributed to participants or beneficiaries of the PBGC?	, transferred to and	other plan, or brought u	nder t	he co	ntrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred fruit which assets or liabilities were transferred. (See instructions.)	om this plan to and	ther plan(s), identify the	e plan	(s) to				
1;	Bc(1) Name of plan(s):				130	(2) Eli	V(s)	13c(3) PN(s)
									
Cauti	on: A penalty for the late or incomplete filing of this return/rep	ort will be assess	ed unless reasonable		eo ie d	etabli	shad	_1	
Under SB or	penalties of perjury and other penalties set forth in the instructions Schedule MB completed and signed by an enrolled actuary, as we it is true, correct, and complete.	s. I declare that I ha	ave examined this retu	rn/reo	ort. in	cluding	. if applica	ble, a Sch nowledge	nedule e and
SIGN	Mary an	6/20/11	Dr. Mark Ke	ane	-		· · · · · · · · · · · · · · · · · · ·		
HERE		Date	Enter name of inc	lividus	al sior	ina se	nlan admir	nistrator	
CICN			2.00. 110110 01 110		ar argi	my as	Piari aurilli	nou atti	
SIGN HERE		Date	Enter name of inc	dividue	al cion	ina sc	amplayer :	or nlen co	onsor