

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>BRP HEALTH MANAGEMENT SYSTEMS 401K PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/01/2008</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/01/2008</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>12/01/2008</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>BRP HEALTH MANAGEMENT SYSTEMS, INC</u> <u>275 SOUTH 5TH AVE</u> <u>POCATELLO, ID 83201</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>26-2312239</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>208-233-4673</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>623000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>26-2312239</u>	2c Sponsor's telephone number <u>208-233-4673</u>	2d Business code (see instructions) <u>623000</u>	
2b Employer Identification Number (EIN) <u>26-2312239</u>					
2c Sponsor's telephone number <u>208-233-4673</u>					
2d Business code (see instructions) <u>623000</u>					

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/18/2011	LEWIS CHANDLER
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BRP HEALTH MANAGEMENT SYSTEMS INC 275 SOUTH 5TH AVE POCATELLO, ID 83201	3b Administrator's EIN 26-2312239 3c Administrator's telephone number 208-233-4673
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	414
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	483
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits.....	6c	
d Subtotal. Add lines 6a , 6b , and 6c	6d	483
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	483
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	10
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2K 2J 2G 2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☒ **1** **A** (Insurance Information)
(4) ☐ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan BRP HEALTH MANAGEMENT SYSTEMS 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500. BRP HEALTH MANAGEMENT SYSTEMS, INC	D Employer Identification Number (EIN) 26-2312239

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	941889-01	10	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
226	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

NEXT FINANCIAL GROUP INC
2500 WILCREST DR 620
HOUSTON, TX 77042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
226			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 6281**5** Current value of plan's interest under this contract in separate accounts at year end **5** 57564**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 1594**c** Additions: (1) Contributions deposited during the year **7c(1)** 4510(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 126(4) Transferred from separate account **7c(4)** 640(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 5276**d** Total of balance and additions (add **b** and **c(6)**). **7d** 6870**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 197(2) Administration charge made by carrier **7e(2)** 128(3) Transferred to separate account **7e(3)** 53(4) Other (specify below) **7e(4)** 211

▶ ADJ TO FAIR VALUE FROM CONTRACT VAL

(5) Total deductions **7e(5)** 589**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 6281

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010	and ending 12/31/2010
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A Name of plan BRP HEALTH MANAGEMENT SYSTEMS 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BRP HEALTH MANAGEMENT SYSTEMS, INC	D Employer Identification Number (EIN) 26-2312239	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	FUTUREFUNDS SERIES ACCOUNT II
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b Name of sponsor of entity listed in (a):	GREAT-WEST LIFE & ANNUITY COMPANY
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c EIN-PN 84-0467907-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57564
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
---	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
---	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
---	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

b Name of sponsor of entity listed in (a):	
---	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan BRP HEALTH MANAGEMENT SYSTEMS 401K PROFIT SHARING PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 BRP HEALTH MANAGEMENT SYSTEMS, INC	D Employer Identification Number (EIN) 26-2312239	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	2718	1804
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	24301	57564
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1594	6281
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	28613	65649

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	28613	65649
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	30786	
(C) Others (including rollovers)	2a(1)(C)	2129	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		32915
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	126	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		126
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		6715
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		-211
d Total income. Add all income amounts in column (b) and enter total.....	2d		39545

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2050	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2050
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	370	
(3) Investment advisory and management fees	2i(3)	89	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		459
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2509

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		37036
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SEARLE HART & ASSOCIATES PLLC

(2) EIN: 82-0535429

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	<input checked="" type="checkbox"/>		455
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?.....		<input checked="" type="checkbox"/>	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	<input checked="" type="checkbox"/>		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	<input checked="" type="checkbox"/>		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?		<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** 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.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010					
A Name of plan BRP HEALTH MANAGEMENT SYSTEMS 401K PROFIT SHARING PLAN				B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BRP HEALTH MANAGEMENT SYSTEMS, INC				D Employer Identification Number (EIN) 26-2312239	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-0467907					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A					
If the plan is a defined benefit plan, go to line 8.					
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year				6a	0
b Enter the amount contributed by the employer to the plan for this plan year				6b	0
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	0
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.					
Schedule R (Form 5500) 2010 v.092308.1					

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



Gerald W. Searle, CPA
Steven J. Hart, CPA
Farrell J. Steiner, CPA
Dana Eric Izatt, CPA

INDEPENDENT AUDITOR'S REPORT

**BRP Health Management Systems, Inc., Plan Administrator
BRP Health Management Systems 401(k) Profit Sharing Plan
Pocatello, Idaho**

We have audited the accompanying statements of net assets available for benefits of BRP Health Management Systems 401(k) Profit Sharing Plan as of December 31 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based upon our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of BRP Health Management Systems 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, and the changes in its net assets available for benefits for the years then in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule of Delinquent Participant Contributions (Schedule H, Line 4a), Schedule of Assets (Held at End of Year) (Schedule H, Line 4i), Schedule of Assets (Acquired and Disposed of Within Year) (Schedule H, Line 4i) and Schedule of Reportable Transactions (Schedule H, Line 4j), together referred to as "supplemental information", are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Searle Hart & Associates PLLC

Idaho Falls, Idaho
October 17, 2011

**BRP HEALTH MANAGEMENT SYSTEMS, INC.
POCATELLO, IDAHO
PROFIT SHARING PLAN FINANCIAL STATEMENTS
and
SUPPLEMENTAL INFORMATION
with
INDEPENDENT AUDITOR'S REPORT
For the Years Ended December 31, 2010 and 2009**

BRP HEALTH MANAGEMENT SYSTEMS 401(K) PROFIT SHARING PLAN
FINANCIAL STATEMENTS
For the Years Ended September 30, 2010 and 2009

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INDEPENDENT AUDITOR'S REPORT

**BRP Health Management Systems, Inc., Plan Administrator
BRP Health Management Systems 401(k) Profit Sharing Plan
Pocatello, Idaho**

We have audited the accompanying statements of net assets available for benefits of BRP Health Management Systems 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based upon our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of BRP Health Management Systems 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, and the changes in its net assets available for benefits for the years then in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule of Delinquent Participant Contributions (Schedule H, Line 4a), Schedule of Assets (Held at End of Year) (Schedule H, Line 4i), Schedule of Assets (Acquired and Disposed of Within Year) (Schedule H, Line 4i) and Schedule of Reportable Transactions (Schedule H, Line 4j), together referred to as "supplemental information", are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Searle Hart & Associates PLLC

Idaho Falls, Idaho
October 17, 2011

FINANCIAL STATEMENTS

BRP HEALTH MANAGEMENT SYSTEMS 401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010 and 2009

ASSETS	<u>2010</u>	<u>2009</u>
INVESTMENTS (at fair value)		
Pooled separate accounts	\$ 57,564	\$ 24,301
Investment contract with insurance company	<u>6,281</u>	<u>1,594</u>
TOTAL INVESTMENTS AT FAIR VALUE	63,845	25,895
RECEIVABLES		
Participants' contributions	<u>1,804</u>	<u>2,718</u>
TOTAL RECEIVABLES	<u>1,804</u>	<u>2,718</u>
TOTAL ASSETS	<u>65,649</u>	<u>28,613</u>
 LIABILITIES		
ACCOUNTS PAYABLE	<u>-</u>	<u>-</u>
TOTAL LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	65,649	28,613
Adjustment from fair value to contract value for fully benefit- responsive investment contract	<u>211</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 65,860</u>	<u>\$ 28,613</u>

**BRP HEALTH MANAGEMENT SYSTEMS 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2010**

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income	
Net appreciation in fair value of assets	\$ 6,715
Interest and dividend income	<u>126</u>
	6,841
Cash contributions	
Participants	30,786
Rollover	<u>2,129</u>
	32,915
TOTAL ADDITIONS	<u>39,756</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to Plan participants	2,050
Contract administrator fees	370
Investment and management fees	<u>89</u>
TOTAL DEDUCTIONS	<u>2,509</u>
NET INCREASE	37,247

NET ASSETS AVAILABLE FOR PLAN BENEFITS

BEGINNING OF YEAR	<u>28,613</u>
END OF YEAR	<u><u>\$ 65,860</u></u>

BRP HEALTH MANAGEMENT SYSTEMS 401(K) PROFIT SHARING PLAN
INDEX TO NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended December 31, 2010 and 2009

NOTES INDEX

- A. Description of Plan
- B. Summary of Accounting Policies
- C. Fair Value Measurements
- D. Investments
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NOTES TO FINANCIAL STATEMENTS

BRP HEALTH MANAGEMENT SYSTEMS 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended December 31, 2010 and 2009

A. DESCRIPTION OF PLAN

The following description of the BRP Health Management Systems 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of the Company who have one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan also includes a provision for 401(k) contributions or salary deferrals for all full-time employees of the Company who have three months of service and are age twenty-one or older.

Plan Amendments

On August 20, 2010, the 2010 Core Amendment for Final IRC Section 401(a)(35) Regulations was adopted by the Plan's Prototype sponsor which finalized the incorporation of IRC Section 401(a)(35) regulations that give certain individuals the right to divest employer securities allocated to their accounts. The Company currently doesn't allow the Plan to invest in employer securities and as such this amendment won't have any immediate effect on benefits or Plan net assets. The effective date of this amendment is January 1, 2011.

Contributions

There are three different types of contributions available in the Plan. The first type is Company Non-Elective (profit sharing) contributions which are made at the discretion of the Company and in such amount, if any, as it may determine. The Company is not limited to making these discretionary contributions out of Company profits only. The second type of contribution, Elective Deferrals, includes participant 401(k) contributions (salary deferrals) and Roth 401(k) accounts which are determined by Plan participants subject to certain limitations as defined in the Internal Revenue Code. The final contribution type is Company Matching contributions that are made at the discretion of the Company based upon the Plan participants elective deferral amounts. No discretionary contributions were made by the Company during the Plan years ended December 31, 2010 and 2009. There hasn't been any change in the Plan's funding policy from 2009 to 2010.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of (1) the Company's contribution, (2) Plan earnings, and (3) forfeitures of terminated participant's non-vested accounts and charged with an allocation of administrative and investment expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their contributions along with any discretionary contributions made by the Company into various investment options offered by the Plan. Life insurance policies are not allowed to be purchased in the Plan.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company contributions portion of their accounts plus earnings thereon is based on years of continuous service. A participant will vest at the rate of 0% in the first year and then 20% per year thereafter.

BRP HEALTH MANAGEMENT SYSTEMS 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended December 31, 2010 and 2009

A. DESCRIPTION OF PLAN (continued)

Loans

The Plan has adopted a participant loan program which is available to all actively employed participants based upon credit worthiness, financial need and the purpose of the loan. The maximum amount of any loan is the lesser of \$50,000 or 50% of a participants vested account balance. No more than two loans are allowed per participant at any one time. Interest accrues at the prime interest rate at the date of the loan plus 1% until otherwise determined by the Trustee. The interest rate will be constant throughout the term of the loan. All loans are required to be repaid within five years of the date of the loan and become due immediately upon termination of the participant. Repayments must be substantially equal installments over the term of the loan with payments made through payroll deductions each pay period. There were no participant loans for the years ended December 31, 2010 and 2009.

Payment of Benefits

Plan benefits are payable in a single lump sum distribution regardless of reason of termination and are payable as soon as practicable following the date of termination, based on the preceding valuation date.

Forfeited Accounts

Forfeitures result from termination of employment before full vesting has occurred. Forfeitures are first used to reduce administrative expenses of the Plan, then any remaining forfeitures shall be applied to reduce discretionary Company non-elective and matching contributions. There were no forfeitures of non-vested accounts for the years ended December 31, 2010 and 2009.

B. SUMMARY OF ACCOUNTING POLICIES

Date of Management's Review

Subsequent events were evaluated through October 17, 2011 which is the date the financial statements were available to be issued.

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

BRP HEALTH MANAGEMENT SYSTEMS 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended December 31, 2010 and 2009

B. SUMMARY OF ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

Administrative expenses of the Plan that are not paid by the Company are paid by the Plan.

C. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments measured at fair value on a recurring basis consisted of the following:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<u>December 31, 2010</u>				
Pooled separate accounts	\$ 57,564	\$ -	\$ 57,564	\$ -
Guaranteed investment contract	<u>6,281</u>	<u>-</u>	<u>-</u>	<u>6,281</u>
Total	<u>\$ 63,845</u>	<u>\$ -</u>	<u>\$ 57,564</u>	<u>\$ 6,281</u>
<u>December 31, 2009</u>				
Pooled separate accounts	\$ 24,301	\$ -	\$ 24,301	\$ -
Guaranteed investment contract	<u>1,594</u>	<u>-</u>	<u>-</u>	<u>1,594</u>
Total	<u>\$ 25,895</u>	<u>\$ -</u>	<u>\$ 24,301</u>	<u>\$ 1,594</u>

BRP HEALTH MANAGEMENT SYSTEMS 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended December 31, 2010 and 2009

C. FAIR VALUE MEASUREMENTS (continued)

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when level 1 or level 2 inputs were not available.

The Plan's valuation methodology for Level 2 assets consisting of pooled separate accounts was derived using a market approach by starting with the initial pricing input (quoted price obtained for the underlying mutual fund) which is then adjusted to apply the expense factor disclosed in the annuity contract. The formula-calculated unit value is then compared to an accounting-driven unit value the following morning. The accounting unit value is determined in a manner similar to a mutual fund NAV calculation: dividing the net assets by the number of units outstanding. Any discrepancies between the two unit values are resolved to ensure the recordkeeping system reflects the accurate value for the day.

The Plan's valuation methodology for Level 3 assets consisting of the guaranteed investment contract with an insurance company was derived using an income approach from unobservable market data as it is not actively traded. The process uses a discounted cash flow formula where the interest rate for this investment contract used was derived by averaging the actual quarterly interest rates during the year to the contract value over the remaining life of the contract. The interest rate is adjusted annually to reflect the most current information.

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets:

	Guaranteed Investment Contract
Balance as of December 31, 2008	\$ -
Total gains	-
Purchases, issuances, repayments, settlements (net)	<u>1,594</u>
Balance as of December 31, 2009	1,594
Total gains	126
Purchases, issuances, repayments, settlements (net)	<u>4,561</u>
Balance as of December 31, 2010	<u>\$ 6,281</u>

BRP HEALTH MANAGEMENT SYSTEMS 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended December 31, 2010 and 2009

D. INVESTMENTS

Except for its investment contract with an insurance company (Note E), the Plan's investments are held in pooled separate accounts. The following table presents the fair value of investments measured on a recurring basis at December 31, 2010 and 2009. Investments that represent 5% or more of the Plan's net assets are separately identified.

	<u>2010</u>	<u>2009</u>
Pooled separate accounts		
Maxim Index 600	\$ 8,623	\$ 3,509
Lord Abbett Value Opportunities A	5,980	2,805
Maxim S&P 500 Index	5,902	3,174
Maxim Bond Index	7,678	3,897
Maxim US Government Securities Fund	5,030	2,261
Maxim T. Rowe Price Mid-Cap Growth	6,156	-
Oppenheimer Global A	3,552	-
Fidelity Advisor Mid Cap T	-	2,343
Investment contract with insurance company		
Key Guaranteed Portfolio Fund	<u>6,281</u>	<u>1,594</u>
Total	<u>\$ 49,202</u>	<u>\$ 19,583</u>

During 2010, the Plan's investments (including investments bought, sold and held during the year) held in the pooled separate accounts appreciated in fair value by \$6,492.

E. INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2009, the Plan entered into a benefit-responsive investment contract with Great-West Life & Annuity Insurance Company (Great-West). Great-West maintains the contributions in a pooled account. The account is credited with actual earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note B, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract.

Contract value, as reported to the Plan by Great-West, represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2010 and 2009 was \$6,281 and \$1,594, respectively. The crediting interest rate is based on an agreed-upon formula with the issuer, but it may not be less than 2.4%. Such interest rates are reviewed on a quarterly basis for resetting.

BRP HEALTH MANAGEMENT SYSTEMS 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended December 31, 2010 and 2009

E. INVESTMENT CONTRACT WITH INSURANCE COMPANY (continued)

Certain events limit the Plan's ability to transact at contract value with Great-West. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) bankruptcy of the plan sponsor, (c) layoffs or early retirement incentives, or (d) the failure of the Trust to qualify for exemption from federal income taxes or any required prohibited transactions exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with Plan participants, is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

	<u>2010</u>	<u>2009</u>
Average yields:		
Based on actual earnings	2.49%	3.16%
Based on interest rate credited to participants	2.49%	3.16%

F. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan at any time, in whole or in part, subject to the provisions of ERISA. In the event that such termination occurs the Trust will continue until the entire distributable benefit of each participant has been distributed. Until final distribution of the assets of the Trust, the Plan Administrator and Trustee shall continue to have all the powers provided under this Plan as are necessary for the orderly administration, liquidation, and distribution of the assets of the Trust.

G. TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter dated March 31, 2008, that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

BRP HEALTH MANAGEMENT SYSTEMS 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
For the Years Ended December 31, 2010 and 2009

H. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 and 2009 to Form 5500:

	<u>2010</u>	<u>2009</u>
Net assets available for benefits per the financial statements	\$ 65,860	\$ 28,613
Adjustments from fair value to contract value for fully benefit-responsive investment contracts	<u>(211)</u>	<u>-</u>
Net assets available for benefits per Form 5500	\$ <u>65,649</u>	\$ <u>28,613</u>

For 2009 the Plan was not required to have an audit as it was not considered a large plan. The amount for the benefit-responsive investment contract was reported at contract value in Schedule H of Form 5500. If it had been shown at fair value, the amount for the benefit-responsive investment contract would have been reduced by \$113.

I. RISKS AND UNCERTAINTIES

The Plan invests in various funds and annuities within the pooled separate accounts. These investments are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of these investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

J. RELATED PARTY TRANSACTIONS

During 2010, the Company failed to remit \$455 in participant contributions on time. In 2011, the payment and foregone earnings were remitted.

SUPPLEMENTAL INFORMATION

BRP HEALTH MANAGEMENT SYSTEMS 401(K) PROFIT SHARING PLAN
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 (Schedule H, Line 4a)
 Plan Sponsor's EIN (26-2312239) Plan Number (001)
 For the Plan Year Ended December 31, 2010

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected VFCP and PTE 2002-51
	Contributions		Contributions	
	Contributions Not Corrected	Corrected Outside VFCP	Pending Correction In VFCP	
\$ 455	None	\$ 455	None	None

☐ Check here if Late
Participant Loan
Repayments are
Included

BRP HEALTH MANAGEMENT SYSTEMS 401(K) PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4i)
Plan Sponsor's EIN (26-2312239) Plan Number (001)
For the Plan Year Ended December 31, 2010

(a) Party In Interest	(b) Identification	(c) Description	(d) Cost	(e) Current Value
	Key Guaranteed Port Fd	GIC 2.4%	\$ 6,350	\$ 6,281
	American Fds Grwth	Pooled Separate Acct	217	234
	American Fnds Europac Grwth	Pooled Separate Acct	1,828	2,017
	Columbia Diversified Equity	Pooled Separate Acct	246	259
	Columbia Mid Cap Value	Pooled Separate Acct	2,715	3,242
	Davis NY Venture R	Pooled Separate Acct	23	26
	Lord Abbett Value Opport	Pooled Separate Acct	4,856	5,980
	Marsico Focus	Pooled Separate Acct	656	764
	Maxim Aggressive Profile II	Pooled Separate Acct	108	117
	Maxim Bond Index	Pooled Separate Acct	7,460	7,678
	Maxim Conservaive Profile II	Pooled Separate Acct	1,571	1,686
	Maxim Index 600	Pooled Separate Acct	6,878	8,623
	Maxim Moderate Profile II	Pooled Separate Acct	1,366	1,517
	Maxim S&P 500 Index	Pooled Separate Acct	5,144	5,902
	Maxim T Rowe Price Equity Inc	Pooled Separate Acct	1,832	2,028
	Maxim T Rowe Price Mid Cap	Pooled Separate Acct	5,234	6,156
	Maxim US Govt Securities	Pooled Separate Acct	4,912	5,030
	MFS International Value R2	Pooled Separate Acct	670	734
	Oppenheimer Capital Apprec	Pooled Separate Acct	109	118
	Oppenheimer Global A	Pooled Separate Acct	3,176	3,552
	Pimco Total Return	Pooled Separate Acct	187	191
	Putnam Intl Capital Apprec	Pooled Separate Acct	522	607
	Ridgeworth Small Cap Growth	Pooled Separate Acct	370	433
	Royce Total Return K	Pooled Separate Acct	649	670
			<u>\$ 57,079</u>	<u>\$ 63,845</u>

**BRP HEALTH MANAGEMENT SYSTEMS 401(K) PROFIT SHARING PLAN
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)**

(Schedule H, Line 4i)

Plan Sponsor's EIN (26-2312239) Plan number (001)

For the Year Ended December 31, 2010

(a)	(b)	(c)	(d)
Identification	Description	Cost of Acquisition	Proceeds of Dispositions
Key Guaranteed Port Fd	GIC 2.4%	\$ 5,150	\$ 378

Note - Labor regulations Section 2520.103-11(b)(2) excludes participation in insurance company pooled separate accounts from the definition of "Assets Held for Investment Purposes" if the assets were not held on the last day of the plan year. Therefore, all variable funds are excluded from this schedule.

BRP HEALTH MANAGEMENT SYSTEMS 401(K) PROFIT SHARING PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS (Schedule H, Line 4j)
Plan Sponsor's EIN (26-2312239) Plan Number (001)
For the Year Ended December 31, 2010

(a)	(b)	(c)	(d)	(e)
Identification	Description	Purchase Price	Sales Price	Lease Rental
Key Guaranteed Port Fd	GIC 2.4%	\$ 2,129	\$ -	\$ -

(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
\$ - \$	\$ - \$	\$ - \$	\$ -

**BRP HEALTH MANAGEMENT SYSTEMS 401(K) PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

(Schedule H, Line 4i)

Plan Sponsor's EIN (26-2312239) Plan Number (001)

For the Plan Year Ended December 31, 2010

(a) Party In Interest	(b) Identification	(c) Description	(d) Cost	(e) Current Value
	Key Guaranteed Port Fd	GIC 2.4%	\$ 6,350	\$ 6,281
	American Fds Grwth	Pooled Separate Acct	217	234
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	Davis NY Venture R	Pooled Separate Acct	23	26
	Lord Abbett Value Opport	Pooled Separate Acct	4,856	5,980
	Marsico Focus	Pooled Separate Acct	656	764
	Maxim Aggressive Profile II	Pooled Separate Acct	108	117
	Maxim Bond Index	Pooled Separate Acct	7,460	7,678
	Maxim Concervative Profile II	Pooled Separate Acct	1,571	1,686
	Maxim Index 600	Pooled Separate Acct	6,878	8,623
	Maxim Moderate Profile II	Pooled Separate Acct	1,366	1,517
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	Maxim T Rowe Price Equity Inc	Pooled Separate Acct	1,832	2,028
	Maxim T Rowe Price Mid Cap	Pooled Separate Acct	5,234	6,156
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	Oppenheimer Capital Apprec	Pooled Separate Acct	109	118
	Oppenheimer Global A	Pooled Separate Acct	3,176	3,552
	Pimco Total Return	Pooled Separate Acct	187	191
	Putnam Intl Capital Apprec	Pooled Separate Acct	522	607
	Ridgeworth Small Cap Growth	Pooled Separate Acct	370	433
	Royce Total Return K	Pooled Separate Acct	649	670
			<u>\$ 57,079</u>	<u>\$ 63,845</u>

BRP HEALTH MANAGEMENT SYSTEMS 401(K) PROFIT SHARING PLAN
 SCHEDULE OF REPORTABLE TRANSACTIONS (Schedule H, Line 4j)
 Plan Sponsor's EIN (26-2312239) Plan Number (001)
 For the Year Ended December 31, 2010

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identification	Description	Purchase Price	Sales Price	Lease Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain Loss
Key Guaranteed Port Fd	GIC 2.4%	\$ 2,129	\$ -	\$ -	\$ -	\$ -	\$ -	-

**BRP HEALTH MANAGEMENT SYSTEMS 401(K) PROFIT SHARING PLAN
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)**

(Schedule H, Line 4i)

Plan Sponsor's EIN (26-2312239) Plan number (001)

For the Year Ended December 31, 2010

(a)	(b)	(c)	(d)
Identification	Description	Cost of Acquisition	Proceeds of Dispositions
Key Guaranteed Port Fd	GIC 2.4%	\$ 5,150	\$ 378

Note - Labor regulations Section 2520.103-11(b)(2) excludes participation in insurance company pooled separate accounts from the definition of "Assets Held for Investment Purposes" if the assets were not held on the last day of the plan year. Therefore, all variable funds are excluded from this schedule.

**BRP HEALTH MANAGEMENT SYSTEMS 401(K) PROFIT SHARING PLAN
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

(Schedule H, Line 4a)

Plan Sponsor's EIN (26-2312239) Plan Number (001)

For the Plan Year Ended December 31, 2010

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected VFCP and PTE 2002-51
	Contributions		Contributions	
	Contributions Not Corrected	Corrected Outside VFCP	Pending Correction In VFCP	
\$ 455	None	\$ 455	None	None

☐ Check here if Late
Participant Loan
Repayments are
Included

Form 5500

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of 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 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos 1210-0110
1210-0089

2010

This Form Is Open to
Public Inspection.**Part I** Annual Report Identification Information

For the calendar plan year 2010 or fiscal plan year beginning

and ending

- A This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or
(2) ☒ a single-employer plan; (4) ☐ a DFE (specify)

- B This return/report is: (1) ☐ the first return/report; (3) ☐ the final return/report;
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here

- D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ Special extension (enter description)

Part II Basic Plan Information — enter all requested information.

1a Name of plan
BRP HEALTH MANAGEMENT SYSTEMS
401 (K) PROFIT SHARING PLAN

1b Three-digit
plan number (PN)... 001

1c Effective date of plan
12/01/2008

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)

BRP HEALTH MANAGEMENT SYSTEMS, INC.
275 SOUTH 5TH AVE
POCATELLO, ID 83201


2b Employer Identification Number (EIN)
26-2312239

2c Sponsor's telephone number
208-233-4673

2d Business code (see instructions)
623000

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		10/17/11	LEWIS CHANDLER
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (If same as plan sponsor, enter "Same")BRP HEALTH MANAGEMENT SYSTEMS, INC
275 SOUTH 5TH AVE
POCATELLO, ID 83201**3b** Administrator's EIN

26-2312239

3c Administrator's telephone number

208-233-4673

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:**b** EIN**c** PN**a** Sponsor's name**5** Total number of participants at the beginning of the plan year. **5** 556**6** Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d)**a** Active participants**b** Retired or separated participants receiving benefits**c** Other retired or separated participants entitled to future benefits**d** Subtotal. Add lines 6a, 7b, and 6c**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**f** Total. Add lines 6d and 6e**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested**7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item). **7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E	2G	2J	2K						

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) — signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Information) — signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information — Small Plan)
- (3) ☒ **1 A** (Insurance Information)
- (4) ☐ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)