Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		iance witi	the instructions to the Form 55	00-SF.					
	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending	12/31/20	011				
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	yer) a one-participant plan					
В	This return/report is: the first return/report	the final r	eturn/report						
	an amended return/report	a short pla	n year return/report (less than 12 r	nonths)					
С	Check box if filing under:	automatic	extension		DFVC program				
	special extension (enter descriptio	n)		_	_				
Pa	urt II Basic Plan Information—enter all requested informa	ation							
	Name of plan	20011		1b	Three-digit				
	LIATED NEUROLOGISTS 401(K) PLAN				plan number				
					(PN) ▶ 001				
				1c	Effective date of plan				
-20	Discourse de la constant de la const		(Ob.	01/01/2003				
AFFI	Plan sponsor's name and address; include room or suite number (er LIATED NEUROLOGISTS, PLLC	mpioyer, if	for a single-employer plan)		Employer Identification Number (EIN) 82-0502419				
	,			-	(EII¥)				
000	THE OT SHITE ASS			20	Sponsor's telephone number 208-746-3320				
	ith St., Suite 102 Ston, ID 83501			2d	Business code (see instructions)				
					621111				
	Plan administrator's name and address (if same as plan sponsor, er			3b /	Administrator's EIN				
AFFII	LIATED NEUROLOGISTS, PLLC 338 6TH ST., LEWISTON, I		2	2-	82-0502419				
				3C /	Administrator's telephone number 208-746-3320				
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report.		•						
	Sponsor's name			4c	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	(
С	Number of participants with account balances as of the end of the p complete this item)			5c					
62	Were all of the plan's assets during the plan year invested in eligible				X Yes ☐ No				
b	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				
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	739468		0				
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	739468		0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
h	Other income (loss)	8a(3)	-55665						
b		8b	33003						
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							
u	to provide benefits)	8d	683803						
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			683803				
i	Net income (loss) (subtract line 8h from line 8c)	8i			-739468				
j	Transfers to (from) the plan (see instructions)	8j							

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Part IV	Plan	Charact	eristics
I altıv	ı ıaıı	Onal aci	にいらいしろ

- 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:

0	V Compliance Questions			1	1			
	During the plan year:		Yes	No		A	mount	
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			V				
	on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					4500
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		Χ				
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	Χ					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
İ	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						
art '	VI Pension Funding Compliance	ı						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp	lete :	Sched	lule SF	3 (Forr			
	5500))						Yes	s N
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver. Month ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
. 1				12b				
	Enter the minimum required contribution for this plan year			12c				
	Enter the amount contributed by the employer to the plan for this plan year		···	12d				
	negative amount)		<u> </u>		<u> </u>			П
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Ye	36	No	N/A
art '					_			
3a	Has a resolution to terminate the plan been adopted in any plan year?			X	'es	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?	nder	the co	ontrol			X Yes	s N
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to	1				
1:	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3) PN(s)
							1	

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.	09/28/2012	BECKY KINZER
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

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art I Annual Report	Identification Information										
For	calendar plan year 2011 or fi	iscal plan year beginning	01/01/	2011	and ending		12/31/2011					
A	This return/report is for:	🛛 a single-employer plan	a multiple	e-employer pl	an (not multiemployer)		a one-participant plan					
В.	This return/report is:	the first return/report	=	return/report	(I a one-harnoham high						
	• • • • • • • • • • • • • • • • • • • •	an amended return/report	Η	•	/report (less than 12 mag	nnthe\						
G.	Check box if filing under:	X Form 5558	H		report (less than 12 lik	Jilu 15) 1						
•	oneck box in ming under:	H	_	c extension		- 1	DFVC program					
	4 II D1- D1 1 C	special extension (enter descri	• •									
	rt II Basic Plan Info	ormation—enter all requested info	rmation									
	Name of plan filiated Neurolog	rigts 401 (ls) Plan					Three-digit plan number					
AL	TITIACEG NEGIOTOG	ists 401(K) Plan					(PN) • 001					
							Effective date of plan					
							01/01/2003					
2a	Plan sponsor's name and ad	dress; include room or suite numbe	r (employer, i	for a single-e	employer plan)		Employer Identification Number					
AL	filiated Neurolog	ISTS, PLLC					(EIN) 82-0502419					
33:	8 6th St., Suite	102					Sponsor's telephone number					
33	our builte	102					208-746-3320					
Le	wiston	ID 83501					Business code (see instructions)					
			n enter "Same	<u>."</u>			621111 Administrator's EIN					
Af	filiated Neurolog	nd address (if same as plan sponso ists, PLLC	, enter Sant	<i>;</i>)			82-0502419					
33	8 6th St., Suite	102					Administrator's telephone number					
	wiston	ID 83501			·		208-746-3320					
4		e plan sponsor has changed since to mber from the last return/report.	ne last return/	report filed to	this plan, enter the	4b	EIN					
а	Sponsor's name					4c PN						
5a	Total number of participants	at the beginning of the plan year				5a	8					
b		at the end of the plan year				5b	0					
С	·	account balances as of the end of the				- 05	 					
						5c	0					
6a	Were all of the plan's asset	s during the plan year invested in el	igible assets?	(See instructi	ons.)		🔀 Yes 🗌 No					
b	Are you claiming a waiver o	f the annual examination and report	of an indeper	ndent qualified	I public accountant (IQI	PA)						
		? (See instructions on waiver eligibilither 6a or 6b, the plan cannot us					X Yes No					
Pa	rt III Financial Infor		3 1 01111 3300-	or and musi	instead use i oim so	<i>,</i> , , , , , , , , , , , , , , , , , ,						
7	Plan Assets and Liabilities		3945	(a) F	Seginning of Year	T	(b) End of Year					
a				(ω) -	73946	8	(5) 2.10 01 1021					
b	=				,,,,,	1	<u>_</u>					
	•	e 7b from line 7a)			73946	8	0					
8	Income, Expenses, and Tra				(a) Amount	1	(b) Total					
a	Contributions received or re	* *	<u> </u>		In Language	100						
	(1) Employers	•••••	8a(1)									
	(2) Participants		8a(2)			_	한 및 보고 기계했다. 이번 이 보면 기계했다는 이 비를 보고 있다. 					
	(3) Others (including rollove	ors)	8a(3)									
b	Other income (loss)		8b		-5566	5						
C), 8a(2), 8a(3), and 8b)					-55665					
d	Benefits paid (including directory)	ct rollovers and insurance premiums	3 6.		68380		gang panggang pangga Panggang panggang pa					
_		nativa distributions (see instructions		 	00360	7	보았는 책은 벡스턴 스탠스 루스턴 (1) 					
e f		ective distributions (see instructions				-						
'		ders (salaries, fees, commissions)				+						
g				ari fet fast e		-	683803					
							684804					
n i		d, 8e, 8f, and 8g)										
n i i	Net income (loss) (subtract I	d, 8e, 8f, and 8g)ine 8h from line 8c)(see instructions)	8i				-739468					

Form	5500.	SE	201	1

SIGN HERE

Signature of employer/plan sponsor

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		ro	m 5500-SF 2011			Page 2 -										
Pai	rt I\	V	Plan Characteristic											-		-
9a	If the	he p	lan provides pension bene 2F 2G 2J 2K 2I	fits, enter the applica	ble pension fe	ature codes from the	List of	Plan Chara	cteris	tic Co	des in	the ins	struction	ons:		_
b			lan provides welfare benefi		ole welfare fea	ture codes from the L	ist of P	Plan Charact	teristi	c Cod	es in t	he inst	ruction	ns:		
Par	t۷	C	ompliance Question	ns										-		-
10	Dı	uring	the plan year:							Yes	No	Ī	A	mount		-
а	W 2	las ti 9 CF	nere a failure to transmit to FR 2510.3-102? (See instr	the plan any participuctions and DOL's Vo	ant contributio	ns within the time per ary Correction Progra	riod de: im)	scribed in	10a		х					
b	on	lere i n line	there any nonexempt trans	actions with any part	y-in-interest?	(Do not include transa	actions	reported	10b		х					
C	· v	Vas t	he plan covered by a fideli	ty bond?		•••••			10c	х					4500)(
d	Di or	id the	e plan have a loss, whethe onesty?	r or not reimbursed b	y the plan's fic	delity bond, that was o	aused	by fraud	10d		х					_
е	W	ere a	any fees or commissions p nce service or other organi tions.)	aid to any brokers, aq zation that provides s	gents, or other	persons by an insura	ance ca	arrier, (See	10e		х					
f	Ha	as th	e plan failed to provide any	benefit when due ur	nder the plan?				10f		х					
g	Di	id the	e plan have any participant	loans? (If "Yes," ente	er amount as o	of year end.)			10g	Х						(
h	lf 1 25	this i 520.1	s an individual account pla	n, was there a blacko	out period? (Se	ee instructions and 29	CFR		10h		х	- 1 H				
i	lf '	10h 1	was answered "Yes," checkions to providing the notice	k the box if you either	r provided the	required notice or on	e of the	, [10i			- 2				
Part	12		ension Funding Co						·							
11	ls t	this	a defined benefit plan subj	ect to minimum fundi	ng requiremen	ts? (If "Yes," see inst	ruction	s and comp	lete S	ched	ule SB	(Form)		п.,	_
12			a defined contribution plan											∐ Yes	_	_
12			a defined contribution plans," complete 12a or 12b, 12				14120	r the Code (or sec	tion 3	102 OT 1	EKISA	?	∐ Yes	X N	U
	gra	antin	ver of the minimum funding the waiver.			***************************************		Month	ions, :	and e	nter th Day	e date	of the	letter ru ear	ling	
			npleted line 12a, complet			•	•			_						_
			he minimum required contr								12b					_
			he amount contributed by t ct the amount in line 12c fr							• -	12c					_
	ne	gativ	e amount)			***************************************		•••••		. L	12d					_
			minimum funding amount			funding deadline?						Yes	s	No	N/A	<u>.</u>
Part			Plan Terminations a										_			_
13a			esolution to terminate the pla								X Y	es	No	_		_
			enter the amount of any							-					_	_
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								N	0						
	wh	tich a	assets or liabilities were tra	s or liabilities were trainsferred. (See instru	ansferred from ctions.)	this plan to another p	olan(s),	, identify the	plan	(s) to						_
13c(1) Name of plan(s):							13c(2) EIN(s) 1					13c(3	PN(s)	<u>_</u>		
Caut	tion:	: A p	enalty for the late or inco	mplete filing of this	return/repor	t will be assessed u	nless	reasonable	caus	e is e	stabli	shed.				_
Unde SB o	er pe or Sc	enalti chedi	es of perjury and other per ule MB completed and sign of correct, and complete.	nalties set forth in the	instructions.	declare that I have e	xamine	ed this return	n/repo	ort. inc	cluding	ı. if apı	olicable my kn	e, a Sch owledge	edule and	
SIG	N	7	Veller Ke	nzer		9/27/12	Secky	/ Kinze	r							_
HER		Sig	nature of plan administr	ator	_	Date		name of ind		ıl sign	ing as	plan a	dmini	strator		_
15 17	1,500															_

Date

Enter name of individual signing as employer or plan sponsor