Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Pa	rt I 📗 Annual Report I	dentification Information				
For	calendar plan year 2009 or fisc	cal plan year beginning 01/01/200	09	and ending	2/31/2	2009
Α -	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
B This return/report is for:				n/report		_
	·	an amended return/report	short plar	n year return/report (less than 12 mo	nths)	
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program
	3 · · · ·	special extension (enter descripti	ion)			
Pa	rt II Basic Plan Infor	mation—enter all requested inform				
	Name of plan	marion onto an requestion intern	idiloii		1b	Three-digit
	IAMIN F. OGLETREE, DDS PI	ROFIT SHARING PLAN				plan number
					_	(PN) 🕨
					1C	Effective date of plan 01/01/1986
2a	Plan sponsor's name and add	ress (employer, if for single-employe	r plan)		2b	Employer Identification Number
BEN	AMIN F. OGLETREE, DDS					(EIN) 64-0578857
2404	- 5TH STREET NORTH				2c	Plan sponsor's telephone number 662-328-1825
	JMBUS, MS 39705				2d	Business code (see instructions)
						621210
	Plan administrator's name and IAMIN F. OGLETREE, DDS	d address (if same as Plan sponsor, e 2401 - 5TH			3b	Administrator's EIN 64-0578857
DEING	AWIINT . OOLL TREE, DDO	COLUMBUS			3c	Administrator's telephone number
						662-328-1825
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
'	iame, Em, and the plan humb	er from the last return/report. Spons	oi s name		4c	PN
5a	Total number of participants a	at the beginning of the plan year			5a	5
b	Total number of participants a	at the end of the plan year			5b	5
С	Total number of participants v	vith account balances as of the end c	of the plan y	vear (defined benefit plans do not	0.0	
				,	5c	5
	· ·	during the plan year invested in eligil		'		Yes No
b		he annual examination and report of (See instructions on waiver eligibility				X Yes □ No
		her 6a or 6b, the plan cannot use F		*		
Pa	rt III Financial Inform	ation				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	91780	1	1056329
b	Total plan liabilities		7b			
C	Net plan assets (subtract line	7b from line 7a)	7с	91780	1	1056329
8	Income, Expenses, and Trans			(a) Amount		(b) Total
а	Contributions received or received	eivable from:	8a(1)	5000	5	
	• • •	3)				
b	• • • • • • • • • • • • • • • • • • • •		· · ·	9216	5	
С	` '	, 8a(2), 8a(3), and 8b)				142170
d		rollovers and insurance premiums				
	'					
		ctive distributions (see instructions)			_	
f		ers (salaries, fees, commissions)		3642	2	
g	•					2010
h		8e, 8f, and 8g)				3642
! :	` , `	e 8h from line 8c)				138528
	riansiers to (from) the plan (s	see instructions)	··· 8j			

D (IV/	DI	O L	
Part IV	Plan	Characi	reristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3E

D '	11 1110	plan provides wellare beliefits, effer the applicable wellare feat	ure codes from the	List of Flair Chara	ICICIIS	iic Cot	163 III I	ine manu	Juoris.			
Part	٧	Compliance Questions										
10	Dur	ng the plan year:			Yes	No		Amou	nt			
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)											
b		e there any nonexempt transactions with any party-in-interest? (Ine 10a.)			10b		X					
С	Wa	s the plan covered by a fidelity bond?			10c		X					
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?			10d		X					
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X					
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		10g		X					
h		s is an individual account plan, was there a blackout period? (Sec. 0.101-3.)			10h		X					
i		th was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i		Χ					
Part '	VI	Pension Funding Compliance										
11	ls th 550	is a defined benefit plan subject to minimum funding requirement	s? (If "Yes," see ins	tructions and com	plete	Sched	ule SB	(Form		res)	No	
12	ls t	nis a defined contribution plan subject to the minimum funding rec	quirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?		res 🕽	No	
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl	,									
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.									g	
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		rear_			
		r the minimum required contribution for this plan year		-		[12b					
		r the amount contributed by the employer to the plan for this plan				1	12c					
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left	of a		12d					
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No		N/A	
Part \	VII	Plan Terminations and Transfers of Assets										
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	ır?						res ?	No	
	If "Y	es," enter the amount of any plan assets that reverted to the emp	lover this year				13a			<u> </u>		
	Wer	e all the plan assets distributed to participants or beneficiaries, tra					ntrol			res)	No	
		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	ne plai	n(s) to						
13	13c(1) Name of plan(s):						13c(2) EIN(s) 1 3			c(3) F	PN(s)	
Cauti	on:	A penalty for the late or incomplete filing of this return/report	t will be assessed	unless reasonab	le cau	ise is	establ	ished.				
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.										
SIGN	F	led with authorized/valid electronic signature.	06/23/2010	BENJAMIN F. OC	SLETF	REE						
HERE	- Г				dividual signing as plan administrator							

Date

Date

Enter name of individual signing as plan administrator

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 section 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

2009

This Form is Open to Public Inspection

	Part I Annual Report Identification Information	0.7.70.5	/ 0 0 0 0						
	or calendar plan year 2009 or fiscal plan year beginning	01/01/		and ending		12/31/200	09		
Α	This return/report is for:	multiple	e-employer plan (n	ot multiemployer)	one-participant plan				
В	This return/report is for:	final re	turn/report						
	an amended return/report	short p	lan year return/rep	ort (less than 12 mo	nths)				
C	Check box if filing under: Form 5558	automa	tic extension			DFVC progra	ım		
	special extension (enter descrip	tion)							
F	Part II Basic Plan Information—enter all requested infor	mation				****			
1:	Name of plan				1b	Three-digit			
	Benjamin F. Ogletree, DDS Profit Sharin	ıg Plan				plan number	0.07		
					10	(PN) Effective date of	001		
					.0	01/01/1986			
28	Plan sponsor's name and address (employer, if for single-employed Benjamin F. Ogletree, DDS	er plan)				Employer Identif			
	benjamin r. Ogietiee, DDS					(EIN) 64-057			
	2401 - 5th Street North				2C	Plan sponsor's to (662) 328-1	elephone number		
	2401 - Stil Stieet North				2d	Business code (s			
	Columbus		MS 3	9705		621210			
38	$\underset{\text{same}}{\text{Plan}}$ administrator's name and address (if same as Plan sponsor,	enter "Sar	ne")		3b Administrator's EIN 64 - 0578857				
							elephone number		
		····			(662)328-1825				
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report. Spons		eport filed for this	plan, enter the	4b	EIN			
	manie, 2111, and the plan namber non the last retain report. Opons	or 3 name			4c PN				
5a	Total number of participants at the beginning of the plan year				5a	a			
b	Total number of participants at the end of the plan year				5b				
C	Total number of participants with account balances as of the end of	of the plan	year (defined bene	efit plans do not			5		
	complete this item)				<u>5c</u>				
6a	Were all of the plan's assets during the plan year invested in eligit	ble assets	? (See instructions	.)		••••••	X Yes No		
J	Are you claiming a waiver of the annual examination and report or under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	endent qualified pt tions.)	iblic accountant (IQ	PA)		X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500	-SF and must ins	tead use Form 550	0.				
Pa	rt III Financial Information	1							
7	Plan Assets and Liabilities		(a) Begii	nning of Year		(b) End o	of Year		
	Total plan assets			917,80	1		1,056,329		
	Total plan liabilities	. 7b							
_ <u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7с		917,80	1,056,32				
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) A	Amount	(b) Total				
а	(1) Employers	. 8a(1)		50,009	5				
	(2) Participants				1				
	(3) Others (including rollovers)				1				
b	Other income (loss)	. 8b		92,165	5				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					142,170		
d	Benefits paid (including direct rollovers and insurance premiums						•		
_	to provide benefits).	. 8d							
_	Certain deemed and/or corrective distributions (see instructions)	}			-				
t	Administrative service providers (salaries, fees, commissions)			3,642	4				
g	Other expenses (add lines 2d, 2s, 2f, and 2n)								
:	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					3,642		
	INEL INCOME (10SS) (SUDTRACT LINE &N TROM LINE &C)	, 0;							
i	Transfers to (from) the plan (see instructions)	8i 8j					138,528		

	Form 5500-SF 2009		Page 2-							
9a	Plan Characteristics If the plan provides pension benefits, enter the applicable pension X 2E 3E									
b	If the plan provides welfare benefits, enter the applicable welfare	feature codes from th	e List of Plan Chara	cterist	ic Cod	des in	the instruc	tions:		
Par	V Compliance Questions									
10	During the plan year:		r		Yes	No		Amoun	t	
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiderical Control of the Policy Control of the	uciary Correction Pro	gram)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the benefits under t	he plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end.)		10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•	29 CFR	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the	•	•							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i		Х				
Part								WHI A		
11	Is this a defined benefit plan subject to minimum funding requirem 5500))	ents? (If "Yes," see in	structions and comp	olete S	chedi	ile SB	(Form	∏ Ye	s X No	
lf y	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applic If a waiver of the minimum funding standard for a prior year is being granting the waiver	ng amortized in this plane.	Month nd skip to line 13.	n						
	Enter the minimum required contribution for this plan year				·	120			,	
c d	Enter the amount contributed by the employer to the plan for this p Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	the result (enter a mir	nus sign to the left of	fa	` _	12d			· · · · · · · · · · · · · · · · · · ·	
е	Will the minimum funding amount reported on line 12d be met by ti				•		Yes	No	□ N/A	
Part		ne landing deadine :		*********		<u></u>] 100	110	1477	
8.881/2000000000000000	WOOT(VADE)		0				······································	П У	s X No	
ısa	Has a resolution to terminate the plan been adopted during the pla					13a		16:	s M 140	
b	If "Yes," enter the amount of any plan assets that reverted to the en Were all the plan assets distributed to participants or beneficiaries, of the PBGC?				•••••			Yes	s X No	
С	C 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.)									
1;	13c(1) Name of plan(s):					2) EIN	l(s)	13c(3) PN(s)	
_,										
				······						
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.										
SIGN	Buy A Db	U/4/10	Benjamin F.	Oql	etr	ee				
HERE	Signature of plan administrator	Date	Enter name of indi				plan admir	nistrator		
SIGN	Sun y Hille	6410	Benajmin F.							
HERE	Signature of employer/plan sponsor	Date	Enter name of indi	ividua	signi	ng as	employer (or plan sp	onsor	