Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Department of Labor
Benefits Security Administration

Retirement Income Security Act of 1974 (ERISA), and s
Internal Revenue Code (the Code).

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

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

Short Form Annual Return/Report of Small Employee

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information				
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009)	and ending	12/31/2	2009
Α	This return/report is for: Single-employer plan multiple-employer plan (not multiemployer) one-participant plan				
В	This return/report is for:	final retur	n/report		_
	an amended return/report	short plan	year return/report (less than 12 m	onths)	
C	Check box if filing under:	•	extension	,	DFVC program
•	special extension (enter descriptio		, exteriorer		_ 5. vo program
D		,			
	art II Basic Plan Information—enter all requested information	ation		1h	Three-digit
	Name of plan L & FACIAL SURGERY CENTER OF HATTIESBURG, P.A. 401(K) F	PLAN			plan number (PN) • 001
				1c	Effective date of plan
2a	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identification Number
	L & FACIAL SURGERY CENTER OF HATTIESBURG, P.A	piarij		~	(EIN) 20-5508417
811 9	SOUTH 28TH AVENUE			2c	Plan sponsor's telephone number 601-261-2611
	TIESBURG, MS 39402			2d	Business code (see instructions) 621111
	Plan administrator's name and address (if same as Plan sponsor, er			3b	Administrator's EIN 20-5508417
	TIESBURG, P.A HATTIESBUR			3с	Administrator's telephone number 601-261-2611
4	If the name and/or EIN of the plan sponsor has changed since the las	t return/re	port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponsor	r'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	8
С	Total number of participants with account balances as of the end of complete this item)		8		
62	Were all of the plan's assets during the plan year invested in eligible				<u> </u>
b			,		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				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.	
	art III Financial Information			1	
7	Plan Assets and Liabilities		(a) Beginning of Year	20	(b) End of Year
a	Total plan assets	7a 	4454		683823
_	Total plan liabilities	7b		0	0
<u></u>	Net plan assets (subtract line 7b from line 7a)	7c	4454	99	683823
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	4280	07	
	(2) Participants	8a(2)	3420)3	
	(3) Others (including rollovers)	· · · · · · · · · · · · · · · · · · ·			
b	Other income (loss)	8b	16110		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			238324
d	Benefits paid (including direct rollovers and insurance premiums				
	to provide benefits)	8d		0	
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	
f	Administrative service providers (salaries, fees, commissions)	8f		0	
g	Other expenses	8g		0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0
į	Net income (loss) (subtract line 8h from line 8c)	8i			238324
j	Transfers to (from) the plan (see instructions)	8j		0	

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

If the plan prov

D	if the plan provides welfare benefits, enter the applicable welfare fleature codes from the List of Plan Chara	cterisi	iic Cod	ies in t	ne instru	ctions:				
art	V Compliance Questions									
0	During the plan year:		Yes	No		Amou	ınt			
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X						
С	Was the plan covered by a fidelity bond?	10c	X					30000		
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.)	10q		X						
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X						
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i								
art	VI Pension Funding Compliance									
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))									
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of I	ERISA?.	. 🔲	Yes	X No		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a 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 letter ruling granting the waiver									
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year			12b						
	Enter the amount contributed by the employer to the plan for this plan year		t	12c						
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	of a	···	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u>. </u>		Yes	No)	N/A		
art										
_	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?			ntrol 			Yes	X No		
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.)	ne plai	n(s) to							
1	3c(1) Name of plan(s):	13c(2) EIN(s)				13	13c(3) PN(s)			
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	le cau	ıse is	establ	ished.		-			
Во	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return it is true, correct, and complete.									
	Filed with authorized/valid electronic signature 07/28/2010 IOHNIR PORER	SON								

	ERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	SIGN	Filed with authorized/valid electronic signature.	07/28/2010	JOHN B. ROBERSON
H	IERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
	SIGN	Filed with authorized/valid electronic signature.	07/28/2010	JOHN B. ROBERSON

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.

	Annual Report Identification Information					1001					
For	the calendar plan year 2009 or fiscal plan year beginning	2009-	01-01	and ending	200	09-12-31					
Α.	This return/report is for: x single-employer plan	multiple-em	nployer plan (no	ot multiemployer)	Γ	one-participant plan					
		final return/	report		_						
_	님 ' 님		•	ort (less than 12 month	e)						
_	H H		•	nt (less than 12 month	э, Г	1 00 10					
C	Sheek box it filling direct.	automatic e	extension		L	DFVC program					
	special extension (enter description)										
Pa	irt II Basic Plan Information enter all requested inform	mation.									
	Name of plan					hree-digit					
	ORAL & FACIAL SURGERY CENTER OF HATTIESBURG, P	.A. 401(k) PLAN			olan number PN) ► 001					
	oran a more portonic contract of the property of			ľ		Effective date of plan					
					1	.999-01-01					
2a	Plan sponsor's name and address (employer, if for single-employer plan	an)			2b Employer Identification Number						
	ORAL & FACIAL SURGERY CENTER OF HATTIESBURG, P	.A		-		EIN) 20-5508417					
	811 SOUTH 28TH AVENUE		•			Plan sponsor's telephone number (601) 261-2611					
						Business code (see instructions)					
	HATTIESBURG MS 39402		.,		6	521111					
3a	Plan administrator's name and address (If same as plan employer, en Same	ter "Same")			3D /	Administrator's EIN					
	Jame .			1							
					3C /	Administrator's telephone number					
				`							
4	If the name and/or EIN of the plan sponsor has changed since the last	t return/repo	ort filed for this	plan, enter the	4b E	EIN					
	name, EIN and the plan number from the last return. Sponsor's Name			Ī	4c F	N .					
<u>5</u> a	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			Г	5b	8					
C	Total number of participants with account balances as of the end of th										
	complete this item)				<u>5c</u>	8					
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
b	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and					XYes No					
	If you answered "No" to either 6a or 6b, the plan cannot use Form										
P	rtilli. Financial Information										
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End of Year					
•	Total plan assets	7a		445,499		683,823					
b	Total plan liabilities	7b		0		0					
C	Net plan assets (subtract line 7b from line 7a)	7c		445,499		683,823					
8	Income, Expenses, and Transfers for this Plan Year		t:	a) Amount		(b) Total					
a	Contributions received or receivable from:			.,		(2)					
-	(1) Employers	. 8a(1)		42,807							
	(2) Participants	8a(2)		34,203							
	(3) Others (including rollovers)	8a(3)		147							
b	Other income (loss)	8b		161,167		A CONTRACTOR OF THE CONTRACTOR					
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		i selvini	Ž	238,324					
d	Benefits paid (including direct rollovers and insurance premiums			_							
	to provide benefits)	8d		0	-						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0	14000						
~		1									
g	Other expenses	8g		0							
y h	Other expenses	8g 8h	- 1945 -			0					
	·					0 238,324					

	Form 5500-SF (2009)	Pa	age 2-		_				
Par	N Plan Characteristics				-				
-	f the plan provides pension benefits, enter the applicable pension feat	ure codes from the Lis	t of Plan Chara	cteristic	Codes	in the	instructions:		
_	2E 2J 3D								
D	f the plan provides welfare benefits, enter the applicable welfare featu	ire codes from the List	of Plan Charac	teristic C	odes i	n the 11	nstructions:		
Pai	Compliance Questions								
10	During the plan year:				Yes	No	Aı	nount	
a	Was there a failure to transmit to the plan any participant contribution	n within the time perio	d described in			x			
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial			. 10a		<u> ^</u> _		-	_
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)			. 10b		x			
С	Was the plan covered by a fidelity bond?			10c	х				30,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid			` <u> </u>	 				,
	or dishonesty?			· 10d		х			
е	Were any fees or commisions paid to any brokers, agents, or other p	•							
	insurance services or other organization that provides some or all of instructions.)		, ,	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?			. 10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as o					x			
h	If this is an individual account plan, was there a blackout period? (Se			133		<u> </u>			1. 1
	2520.101-3.)			. 10h	ļ	X			
ı	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one	of the	. 10i		į			
Par	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiremer 5500))		uctions and cor	nplete S	chedul	e SB (Form	□Yes	X No
12	Is this a defined contribution plan subject to the minimum funding red		412 of the Code	or secti	on 302	of FR	ISA?		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicate								
а	If a waiver of the minimum funding standard for a prior year is being								
ıf	granting the waiver			Nonth		Day	/ Y	′еаг	
" b	Enter the minimum required contribution for this plan year		•		Γ	12b			
C	Enter the amount contributed by the employer to the plan for this plan				_ F	12c	<u> </u>		<u>-</u>
d	Subtract the amount in line 12c from the amount in line 12b. Enter the	-			` -	404			
	negative amount)				· L	12d	ļ		
TOWNS DESIGNATION	Will the minimum funding amount reported on line 12d be met by the	e funding deadline? .	• • • •	• •		<u> </u>	∐Yes [No	∐N/A
Par				···					
13a	Has a resolution to terminate the plan been adopted during the plan if "Yes," enter the amount of any plan assets that reverted to the em				٠,		· · · · ·	Yes	X NO
		· · · · · · · · · · · · · · · · · · ·				13a	<u> </u>		
b	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?	ransierred to another p	nan, or brought	unaer in	e cont	roi • •		Yes	X No
C	If during this plan year, any assets or liabilities were transferred from	this plan to another p	lan(s), identify t	ne plan(s) to				_
	which assets or liabilities were transferred. (See instructions.)			1			1844	1	
	13c(1) Name of plan(s):			+	13	c(2) E	IN(s)	13c(3)	PN(s)
								<u> </u>	
Caut	on: A penalty for the late or incomplete filing of this return/report	will be assessed unl	ess reasonable	cause	s esta	blishe	ed.		
	penalties of perjury and other penalties set forth in the instructions, I								•
	Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	s the electronic version	n of this return/r	ероп, аг	ia to tr	ie besi	or my knowi	eage and	
sic		1/2/10	JOHN B. RO	DBERSO	N		·		
建筑建筑	Signature of plan administrator	Date ,	Enter name of			ing as	plan adminis	trator	
Sic		7/21/10	JOHN B. RO						
F123275353	Signature of employer/plan sponsor	Date	Enter name of	individu	al sign	ing as	employer or	plan spons	sor
241 CO 275 CO 275									