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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.	·	
		dentification Information					
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200)9	and ending 1	2/31/	2009	
Α -	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan
В -	This return/report is for:	first return/report	final retur	n/report			
		an amended return/report	short plar	year return/report (less than 12 mor	nths)		
C	Check box if filing under:	X Form 5558	automatio	extension		DFVC progra	am
		special extension (enter description	on)				
Pa	rt II Basic Plan Infor	mation—enter all requested inform	nation				
	Name of plan				1b	Three-digit	
MAD	ISON ENDODONTICS RETIRE	EMENT PLAN & TRUST				plan number	001
					10	(PN)	
					10	Effective date of 01/01/2	
2a	Plan sponsor's name and addr	ress (employer, if for single-employer	r plan)		2b	Employer Identi	ification Number
	REK WHITE, D.M.D., P.A.					(EIN) 20-207	
4 10/0	ODODEEN DI ACE CTE 400				2c		telephone number 5-5015
	OODGREEN PLACE, STE. 100 ISON, MS 39110-8151				2d		(see instructions)
						621210	
		address (if same as Plan sponsor, e			3b	Administrator's	
J. DE	REK WHITE, D.M.D., P.A.	MADISON, I		SE, STE. 100 3151	30	20-207	telephone number
					00		5-5015
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN	
1	name, EIN, and the plan number	er from the last return/report. Sponse	or's name		4c	PN	
5a	Total number of participants a	t the beginning of the plan year			5a		4
		t the end of the plan year			5b		4
		rith account balances as of the end o			35		-
					5c		4
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)			X Yes No
b				ndent qualified public accountant (IQI			X Yes No
				ons.)SF and must instead use Form 55			☐ 100 ☐ 1 1 0
Pa	rt III Financial Inform						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year
а	Total plan assets		7a	157398	3		198687
b	Total plan liabilities		7b	C)		0
С	Net plan assets (subtract line	7b from line 7a)	7с	157398	3		198687
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) ·	Total
а	Contributions received or rece		- 40	0404			
	, , , ,		` '	9424	-		
	` '			1630	_		
L	, ,	3)	` '	04776	-		
	,			31772	2		40000
C C		8a(2), 8a(3), and 8b)	8c				42826
d		rollovers and insurance premiums	8d	C)		
е		tive distributions (see instructions)		C)		
f	Administrative service provide	rs (salaries, fees, commissions)	8f	C)		
g	Other expenses		8g	1537	7		
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h				1537
i	Net income (loss) (subtract lin	e 8h from line 8c)	8i				41289
j	Transfers to (from) the plan (s	ee instructions)	8i				

Form 5500-SF 2009	Page 2- 1
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Part IV	Plan	Charac	teristics

Signature of plan administrator

SIGN HERE Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

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

D '	11 1110	plan provides wellare benefits, effer the applicable wellare feat	ure codes from the f	LIST OF FRANCISCO	CICIIS		163 III I	ine mstruc	aloris.	
Part	٧	Compliance Questions								
10	Dur	ng the plan year:				Yes	No		Amount	!
а		there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Done 10a.)			10b		X			
С	Wa	s the plan covered by a fidelity bond?			10c	X				20000
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?	•	•	10d		X			
	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of th uctions.)	e benefits under the	e plan? (See	10e		X			
f	Has	the plan failed to provide any benefit when due under the plan? .			10f		X			_
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			
h		s is an individual account plan, was there a blackout period? (Sec			10h		X			
i		th was answered "Yes," check the box if you either provided the resptions to providing the notice applied under 29 CFR 2520.101-3.			10i					
Part '	VI	Pension Funding Compliance								
11	ls th 550	is a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see ins	tructions and com	plete	Sched	ule SB	3 (Form	Ye	s X No
12	ls t	nis a defined contribution plan subject to the minimum funding req	uirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	s X No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,							
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.								
	-	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	result (enter a mini	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	r?					Υe	s X No
	If "Y	es," enter the amount of any plan assets that reverted to the emp	lover this vear				13a			
	Wer	e all the plan assets distributed to participants or beneficiaries, tra					ntrol		Ye	s X 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 th	ne pla	n(s) to				
13	3c(1	Name of plan(s):				13	c(2) El	N(s)	13c	(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonab	le cau	ıse is	establ	ished.	1	
Under SB or	per 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.	declare that I have	examined this retu	ırn/rep	ort, in	cludin	g, if applic		
SIGN	F	led with authorized/valid electronic signature.	08/17/2010	J. DEREK WHITE	E, D.N	I.D.				
HERE	- Г	Signature of plan administrator	Date	Enter name of ir	ndividi	ıal sig	ning as	s plan adn	ninistrator	

Date

Date

08/17/2010

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

J. DEREK WHITE, D.M.D.

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.

	9 or fiscal plan year beginning	2009-0	1-01 and ending	200	9-12-31			
This return/report is for:	x single-employer plan	multiple-emp	ployer plan (not multiemployer)	П	one-participa	nt plan		
This return/report is for:	first return/report	eport		,	.,			
·	an amended return/report	ີ່] short plan ve	ear return/report (less than 12 month	ıs)				
Check box if filing under:	x Form 5558	automatic ex	• •	-, П	DFVC progra	m		
Check box it filling under.	special extension (enter description	_		Ц	Di vo piogra	•••		
art II Basic Plan In	formation enter all requested info							
Name of plan	enter an requested in	Jimation.		1b T	nree-digit			
	s Retirement Plan & Trust			pl	an number	001		
madison Endodontic	s Recirement Flan & Ilust				N) ► ffective date of			
					007-01-01	pian		
Plan sponsor's name and a	ddress (employer, if for single-employer p	olan)				fication Number		
J. Derek White, D.	M.D., P.A.			_	IN) 20-20			
1 Woodgreen Place,	Ste. 100				an sponsors t 601) 605-5	elephone number 5015		
				2d B	usiness code (see instructions)		
Madison Plan administrator's name a	MS 39110-8151 and address (If same as plan employer, e	otor "Como"\			21210 dministrator's l	EINI		
Same	and address (II same as plan employer, e	nter Same)		35 7	ulfillistrator 5 i	-114		
					3c Administrator's telephone number			
				SC A	uministrators	elephone numbe		
				41.	1	4.50		
If the name and/or EIN of the	ne plan sponsor has changed since the la mber from the last return. Sponsor's Nam	st return/report e	filed for this plan, enter the	4b EIN				
III				4c P	N	The state of the s		
Total number of participants	s at the beginning of the plan year			5a		4		
Total number of participants	s at the beginning of the plan year.			=				
Total number of participants	s at the end of the plan year			5b	- 1	4		
Total number of participants Total number of participants	s at the end of the plan year s with account balances as of the end of t	 he plan year (de	efined benefit plans do not	=				
Total number of participants Total number of participants complete this item)	s at the end of the plan year	he plan year (de	efined benefit plans do not	5b 5c		4		
Total number of participants Total number of participants complete this item) Were all of the plan's assets Are you claiming a waiver of	s at the end of the plan year s with account balances as of the end of t	he plan year (do	efined benefit plans do not astructions.)	5b 5c		4 X Yes \(\text{\text{N}} \)		
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Part	IV Plan Characteristics	A STREET OF THE STREET							
9a 1	f the plan provides pension benefits, enter the applicable pens	sion feature codes from the Li	st of Plan Characteris	stic Co	des in	the in:	structions:		
h .	2E 2J 2K								
D I	f the plan provides welfare benefits, enter the applicable welfa	are feature codes from the Lis	t of Plan Characterist	ic Coc	les in th	he inst	ructions:		
Par	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant col	ntribution within the time perio	nd described in						
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary	Fiduciary Correction Program	n)	10a		х			
b	Were there any nonexempt transactions with any party-in-int	•		400		x			
	on line 10a.)			10b					
C	Was the plan covered by a fidelity bond?			10c	х				20,000
d	Did the plan have a loss, whether or not reimbursed by the p or dishonesty?	•	•	10d		х			
				100					
е	Were any fees or commisions paid to any brokers, agents, or insurance services or other organization that provides some								
	instructions.)		,	10e		х			
f	Has the plan failed to provide any benefit when due under the	e plan?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amo	ount as of year end.)		10a		х			
h	If this is an individual account plan, was there a blackout per			- 3			TA DE	100	1000000
	2520.101-3.)			10h		х	S. TOW		
i	If 10h was answered "Yes," check the box if you either provi-								
D	exceptions to providing the notice applied under 29 CFR 252	20.101-3	<u></u>	10i					
11	M Pension Funding Compliance	hisamanta (If IIVaa II aan isat		. C-b		D / E -			
	ls this a defined benefit plan subject to minimum funding req 5500))		,			•		. Yes	x No
12	Is this a defined contribution plan subject to the minimum fur								X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as								
a	If a waiver of the minimum funding standard for a prior year i	s being amortized in this plan	year, see instruction	s, and	l enter t	the da	te of the let	ter ruling	
	granting the waiver			th		Day		Year	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Sch					400			
b	Enter the minimum required contribution for this plan year				. ⊢	12b			
C	Enter the amount contributed by the employer to the plan for	, ,			· _	12c	_	_	
d	Subtract the amount in line 12c from the amount in line 12b. negative amount)	·	•			12d			
	Will the minimum funding amount reported on line 12d be me				_		Yes	No	N/A
	Plan Terminations and Transfers of A			•		•			
201			0					TVes	X No
Isa	Has a resolution to terminate the plan been adopted during t If "Yes," enter the amount of any plan assets that reverted to			٠.	•	40			E NO
-				_		13a		-	
D	Were all the plan assets distributed to participants or benefic of the PBGC?	aries, transferred to another	plan, or brought unde	r the c	control			. Dyes	X No
С	If during this plan year, any assets or liabilities were transfer	red from this plan to another p	plan(s), identify the pla	an(s) t	io .	• •			A INC
	which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):				130	c(2) El	N(s)	13c(3)	PN(s)
									
	n: A penalty for the late or incomplete filing of this return								
	penalties of perjury and other penalties set forth in the instruc Schedule MB completed and signed by an enrolled actuary, a		THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY.						
	it is true, correct, and complete.	s well as the electronic version	ir or this return report	anu	to the L	Jest Oi	Thy knowle	uge and	
SIG	100001	8/10/10	J. Derek Whi	te.	D.M.	D.			
HEF		Date	Enter name of ind				lan adminis	strator	
	0 211 14	816/10	J Derek Whit				aurimite		
SIG	The state of the s	7,000						alac acc	
	Signature of employer/plan sponsor	Date	Enter name of ind	ividua	signin	ig as e	mployer or	plan spons	or

Page **2-**

Form 5500-SF (2009)

Form 5558 (Rev. January 2008) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Nu 1 Cit	me of filer, plan administrator, or plan sponsor (see instructions) Derek White, D.M.D., P.A. Imber, street, and room or suite no. (If a P.O. box, see instructions.) Woodgreen Place, Ste. 100 By or town, state and ZIP code adison MS 39110-8151 Plan name	B	Emplo 20-		otification num	(see instruction (See (EIN).	ons).	
C C	whoer, street, and room or suite no. (If a P.O. box, see instructions.) Woodgreen Place, Ste. 100 by or town, state and ZIP code adison MS 39110-8151	_	-	14.0				
Cit	ly or town, state and ZIP code adison MS 39110-8151		Socia	security	Laumber (CC)			
C	adison MS 39110-8151				number (SSr	1)		
	178-0-17							
_	Plan name							
1 M		Plan			Plan year ending			
1 M	1,200		number		MM DD YYYY			
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	adison Endodontics Retirement Plan & Trust	0	0	1	12	31	2009	
2							10	
3								
Part II	Extension of Time to File Form 5500 or Form 5500-EZ (s	oo insti	auctic	ne)				
rartii	Extension of time to the Form 3300 of Form 3300-E2 (3	100 111311	uciic	113)				
no	ne application is automatically approved to the date shown on line 1 (above) formal due date of Form 5500 or 5500-EZ for which this extension is requested anths after the normal due date.						!	
Vo	ou must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ	filod aft	or the	due da	ate for the n	lans listed in	n C above	
10	od must attach a copy of this Form 5556 to each Form 5500 and 5500-L2	. med art	er tile	uue u	ate for the p	ians nateu n	i o above.	
Note. A s	signature is not required if you are requesting an extension to file Form 5500 or	or Form 5	5500-E	Z.				
Part III	Extension of Time to File Form 5330 (see instructions)							
2 re	equest an extension of time until to file Fo	orm 5330.						
	ou may be approved for up to a six (6) month extension to file Form 5330, after			ue date	of Form 533	0.		
	to may be approved to apply to a similar form of the man and the m							
a	nter the Code section(s) imposing the tax		a					
a En	iter the code section(s) imposing the tax		_ a_					
b En	nter the payment amount attached					b		
c Fo	or excise taxes under section 4980 or 4980F of the Code, enter the revision/ar	mendmei	nt date	· .	>	С		
3 St	tate in detail why you need the extension							
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Under penalties of perjury, I declare that to the best of my knowledge and belief the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.