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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance 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	2/31/2	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	n 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 descripti	on)						
Pa	rt II Basic Plan Inforr	nation—enter all requested inform	nation						
	Name of plan				1b	Three-digit			
WILL	OWBROOK FOUNDATION, IN	C., 401K PLAN				plan number	001		
					10	(PN) Feffective date of	f plan		
					10	01/01/2			
2a	Plan sponsor's name and addr	ess (employer, if for single-employer	r plan)		2b	Employer Identi	fication Number		
WILL	OWBROOK FOUNDATION, IN	C.				(EIN) 64-030			
D00	FOFFIOF BOY 2002				2c		telephone number		
	Г OFFICE BOX 8820 JMBUS, MS 39705-8820				2d		7-6510 (see instructions)		
						623000			
		address (if same as Plan sponsor, e			3b	Administrator's			
VVILL	OWBROOK FOUNDATION, IN	C. POST OFFIC COLUMBUS			30	64-030	telephone number		
					30		7-6510		
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN			
ı	name, EIN, and the plan numbe	er from the last return/report. Sponse	or's name		10	PN			
	Total number of participants at	t the beginning of the plan year			5a				
		t the end of the plan year					20		
	· ·	ith account balances as of the end c			5b		14		
		in account balances as of the end c			5c		10		
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			V vaa □ Na		
				ions.)SF and must instead use Form 55			X Yes No		
Pa	rt III Financial Informa		OIIII 3300-	or and must instead use Form 55	00.				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
· a	Total plan assets		7a	248104	1	(D) Line	275383		
b	Total plan liabilities								
		7b from line 7a)		248104	1		275383		
8	Income, Expenses, and Transf	•		(a) Amount		(b) .	Total		
а	Contributions received or rece								
	(1) Employers		8a(1)	11213	3				
	• •		- ` '	25858	3				
_	(3) Others (including rollovers)	8a(3)	2790)				
b	,			58307	7				
С		8a(2), 8a(3), and 8b)	. 8c				98168		
d		rollovers and insurance premiums	8d	68155	5_				
е	Certain deemed and/or correct	tive distributions (see instructions)	8e						
f	Administrative service provide	rs (salaries, fees, commissions)	8f	195	5				
g	Other expenses		8g	2539	9				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h				70889		
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				27279		
i	Transfers to (from) the plan (se	ee instructions)	. 8i						

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 2J 3D

D .	11 1110	plan provides wellare beliefits, effer the applicable wellare feat	ure codes from the	List of Flatt Chara	ICICIIS	iic Coi	ues III	uie ilisuu	cuoris.		
Part	٧	Compliance Questions									
10	Dur	ng the plan year:		Yes		No	Am		nt		
а	Was there a failure to transmit to the plan any participant contributions within the time period described 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				50000	
d		the plan have a loss, whether or not reimbursed by the plan's fide shonesty?	10d		X						
	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.)						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.)										
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)						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						X				
Part '	VI	Pension Funding Compliance									
11	ls th 550	s a defined benefit plan subject to minimum funding requirement	s? (If "Yes," see ins	tructions and com	plete	Sched	lule SE	3 (Form	Y	es ^X No	
12	ls t	is 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?	Y	es 🔀 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.									
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		Teal_		
		r the minimum required contribution for this plan year		-			12b				
		r the amount contributed by the employer to the plan for this plan					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	r?					ПΥ	es X No	
	If "Y	es," enter the amount of any plan assets that reverted to the emp	lover this year				13a				
	Wer	e all the plan assets distributed to participants or beneficiaries, tra					ontrol		Y	es X No	
		ring this plan year, any assets or liabilities were transferred from h assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to	1				
13	3c(1	Name of plan(s):			13c(2) EIN(s)			130	(3) PN(s)		
Cauti	on:	A penalty for the late or incomplete filing of this return/report	t will be assessed (unless 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	port, ir	cludin	g, if applic	,		
SIGN	F	led with authorized/valid electronic signature.	09/21/2010	TOM WOLFORD							
HERE	- Г	Signature of plan administrator	Date	Enter name of ir	of individual 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 Annual Report Identification Information								
F	For calendar plan year 2009 or fiscal plan year beginning and ending								
A	This return/report is for: single-employer plan	multiple	-employer plan (not multiemployer)		one-participa	int plan			
	This return/report is for: first return/report								
	an amended return/report	short of	an year return/report (less than 12 mo	nths)					
	Check box if filing under: Form 5558		tic extension	,,,,,,,,,	☐ DFVC progra	erre			
•			and the second s	-	☐ Dr. 40 biodis	ute			
2,53,62-84	special extension (enter descript				····				
	art II Basic Plan Information—enter all requested inform	nation		41:		· · · · · · · · · · · · · · · · · · ·			
316	Name of plan Willowbrook Foundation, Inc., 401k Plan			ar	Three-digit plan number				
	THIS INTO TO CONTINUE TO THE SEED				(PN)	001			
			·	1c	Effective date of				
				<u> </u>	01/01/2001				
22	 Plan sponsor's name and address (employer, if for single-employe Willowbrook Foundation, Inc. 	r plan)		2b	Employer Identif				
	Villowordon's odisignori, mo.				(EIN) 64-0303	(A			
	TR 1 077 18000			2C	(662)327-651	elephone number			
	Post Office Box 8820	-		2d	Business code (s				
	Columbus		MS 39705-8820		623000				
3a	Plan administrator's name and address (if same as Plan sponsor, e Same	enter "San	ne")	3b	Administrator's E	IN			
				2	64-0303074				
	same Columbus MS 39701			3C	(662)327-651	elephone number O			
4	If the name and/or EiN of the plan sponsor has changed since the la	st return/r	eport filed for this plan, enter the	4b					
	name, EIN, and the plan number from the last return/report. Sponso		· · · · · · · · · · · · · · · · · · ·	:					
<i>P</i> –				4c	PN				
_	Total number of participants at the beginning of the plan year		5a		20				
	Total number of participants at the end of the plan year		The state of the second of the	5b		14			
C	Total number of participants with account balances as of the end o complete this item)			5c		10			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X Yes No			
	Are you claiming a waiver of the annual examination and re port of	an indepe	ndent qualified public accountant (IQF	A)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				***************	X Yes No			
D-	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	0.		· · · · · · · · · · · · · · · · · · ·			
7				T	.50				
	Plan Assets and Liabilities		(a) Beginning of Year		(b) End o				
a	Total plan assets		248,104	4		275,383			
D	Total plan liabilities			-					
_ <u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	248,104	4		275,383			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	1200000000000	oT (d)	tal			
а	Contributions received or receivable from: (1) Employers	8a(1)	11,213			A CONTRACTOR OF THE PROPERTY O			
	(2) Participants	8a(2)	25,858			Paragraph of the state of the s			
	(3) Others (including rollovers)	8a(3)	2,790	2000000000		San Appendix Comment of the Comment			
h	Other income (loss)	8b	58,307	Cott with part 1	FORE PROPERTY.				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	nakezizatika shi gara keziza kareka kurekena e esersi ku	1902000000		98,168			
	Benefits paid (including direct rollovers and insurance premiums	. 00			righta in a chiric part mate in a chiri	30,100			
- 168	to provide benefits)	8d	68,155			THE PARTY WAS A STREET OF THE STREET			
6	Certain deemed and/or corrective distributions (see instructions)	8e		AFF-FFC-44					
	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g	2,734		erversitotii) likk Mare Eusestiik				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	mingsmeller (E. Line Der Auff der			70,889			
	Net income (loss) (subtract line 8h from line 8c)	81				27,279			
120	Transfers to (from) the plan (see instructions)		THE RESERVE OF THE PROPERTY OF		1000,0000,0000,000				

Pai 9a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension for X 2E 2J 3D	eature codes from the List of Plan C	haracleri	istic Co	des ii	n the insi	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes from the List of Plan Ch	aracteris	stic Co	les in	the instr	ructions:	
Pari	V Compliance Questions		-	·		<u></u>		
10	During the plan year:			Yes	No	T	Amou	**
	Was there a failure to transmit to the plan any participant contribution	ons within the time period described	in [1.44		' 	Milloui	5 <u>L</u>
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Correction Program)	10a		X	ļ		
þ	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include transactions reports	d 10b		X			
C	Was the plan covered by a fidelity bond?	data da esta da esta da esta da esta da esta de esta esta esta esta esta esta esta est	10c	x				50,000
ď	Did the plan have a loss, whether or not reimbursed by the plan's fit or dishonesty?	delity bond, that was caused by frau	d 10d		X		***************************************	
· ė	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)	r persons by an insurance carrier, the benefits under the plan? (See	10e		Х	:		
f	Has the plan failed to provide any benefit when due under the plan?	, mormo similiami markin similami mis	10f		·X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (S	ee instructions and 29 CFR	10h		X	The County of th		A
1	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.						WEARING TO THE RESERVE	Abalina Para de la Del Caractería
Part	/I Pension Funding Compliance							······································
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	its? (If "Yes," see instructions and co	mplete :	Schedu	le SB	(Form	Пу	s 🛛 No
12	Is this a defined contribution plan subject to the minimum funding re						<u> </u>	s X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable a waiver of the minimum funding standard for a prior year is being granting the waiver	amortized in this plan year, see instr	onth	and en	ter th Day	e date of	the letter Year	
	Enter the minimum required contribution for this plan year	The state of the s			2b			· · · · · · · · · · · · · · · · · · ·
	Enter the amount contributed by the employer to the plan for this plan				2c	9#W		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the segative amount)	e result (enter a minus sign to the le	t of a	"	2d			
	Will the minimum funding amount reported on line 12d be met by the				[Yes	No	ΠNA
art \	Plan Terminations and Transfers of Assets						**************************************	
3a i	las a resolution to terminate the plan been adopted during the plan y	/ear or any prior year?					ПYe	s 🛛 No
	f "Yes," enter the amount of any plan assets that reverted to the emp				3a	<u> </u>		* 8.3
b i	Vere all the plan assets distributed to participants or beneficiaries, tri of the PBGC?	ansferred to another plan, or brough	under t	The street of the street	rol		∏ Ye:	s 🛭 No
c l	f during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)			(s) to			, L	··· Facult:
13	c(1) Name of plan(s):			13c(2	2) EIN	l(s)	136(3	3) PN(s)

·								<u> </u>
	n: A penalty for the late or incomplete filing of this return/report							
SB or S	penalties of perjury and other penalties set forth in the instructions, I chedule MB completed and signed by an enrolled actuary, as well a is true, correct, and complete.	declare that I have examined this ret s the electronic version of this return	urn/repo /report, r	rt, inclu and to t	iding, he be	if applicates of my	able, a Sch knowledge	nedule e and
SIGN	IMM	TOM WOLFO	RD					
JIGN IERE	Signature of plan administrator	Date 09/2//2010 Enter name of i		l sinnin	n se r	nlan adm	inistrator	
	INWN	TOM WOLFO		,	3 43	ratif Guill	mistrator.	any inchination of the
SIGN HERE	Signature of annula metators of	Date 06/21/20 07 Transport	r i Nada					

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