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

	art I Annual Report Identification Information				
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009	9	and ending	12/31/	2009
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		-
	an amended return/report	year return/report (less than 12 mo	onths)		
С	Check box if filing under:	automatic	extension		DFVC program
_	special extension (enter description	on)			
Pá	art II Basic Plan Information—enter all requested informa	,			
	Name of plan			1b	Three-digit
	EN TREE FAMILY MEDICAL CLINIC, P.L.L.C. 401(K) PROFIT SHA	RING PLA	N.		plan number
				4.	(PN) F
				10	Effective date of plan 09/01/1999
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
GRE	EN TREE FAMILY MEDICAL CLINIC, P.L.L.C.			20	(EIN) 64-0697365 Plan sponsor's telephone number
P. O	. BOX 1107			20	601-797-3405
MT.	OLIVE, MS 39119			2d	Business code (see instructions)
3a	Plan administrator's name and address (if same as Plan sponsor, el	nter "Same	<u>+</u> ")	3b	621111 Administrator's EIN
	EN TREE FAMILY MEDICAL CLINIC, P.L.L.C. P. O. BOX 11	107	,		64-0697365
	MT. OLIVE, N	VIS 39119		3c	Administrator's telephone number 601-797-3405
	If the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	PN
5a	Total number of participants at the beginning of the plan year		_	9	
b	Total number of participants at the end of the plan year			5b	9
С	Total number of participants with account balances as of the end of				
	complete this item)			. 5c	9
6a					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	art III Financial Information		Т		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a	Total plan assets	. 7a	69474	2	915138
b	Total plan liabilities	7b			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	69474	-2	915138
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	1320	0	
	(2) Participants	8a(2)	4092	9	
	(3) Others (including rollovers)	8a(3)	480	6	
b	Other income (loss)	8b	17192	27	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			230862
d	Benefits paid (including direct rollovers and insurance premiums				
_	to provide benefits)	8d			
e f	Certain deemed and/or corrective distributions (see instructions)	8e			
1	Administrative service providers (salaries, fees, commissions)	8f	4046		
g	Other expenses (add lines 2d, 2c, 2f, and 2g)	. 8g	1046	OO	10466
n i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			220396
!	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i			220390
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Part IV	Plan	Characteristics

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 2J 2T 3D

If the plan provides welfare benefits, enter the applicable welfare, feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No		Am	ount	
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	Χ					150000
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		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		Χ				
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		X				
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No
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 E	ERISA?	[Yes	X No
	(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 instruction granting the waiver. Mont tou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	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)			12d			_	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII Plan Terminations and Transfers of Assets							
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				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 upon the PBGC?	nder 	the co	ntrol 			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	13c(1) Name of plan(s):			13c(2) EIN(s)			13c(3) PN(s)	
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.			
B o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.							
			_					

SIGN	Filed with authorized/valid electronic signature.	09/28/2010	WORD JOHNSTON, M.D.				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	09/28/2010	WORD JOHNSTON, M.D.				
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 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 Repor	t Identification Information						
F(or calendar plan year 2009 or t	р-м	01/01/	2009	and ending		12/31/20	09
Α	This return/report is for:	X single-employer plan	multiple	-employer plan (n	ot multiemployer)		one-participa	ant plan
В	This return/report is for:	first return/report	final ret	urn/report				
		an amended return/report	short pl	an year return/rep	ort (less than 12 mo	aths)		
С	Check box if filing under:	🗓 Form 5558		tic extension	•	,	DFVC progra	am.
	, , , , , , , , , , , , , , , , , , ,	special extension (enter descrip					bi vo progra	2111
F	Part II Basic Plan Info	ormation—enter all requested infor	-					
	Name of plan	ormation—enter all requested into	mation		····	46	Three-digit	ſ
-		Medical Clinic, P.L.I	C.			ı	plan number	
	401(k) Profit Sha	ring Plan					(PN) >	002
		3				1c	Effective date o	
	Manager de la companya del companya del companya de la companya de						09/01/199	9
26	Green Tree Family	ddress (employer, if for single-employ Medical Clinic,	er plan)			2b	Employer Identi	
	P.L.L.C.					20	(EIN) 64-069	elephone number
	P. O. Box 1107					20	(601)797-	3405
	*** 07.1					2d	Business code (see instructions)
3:	Mt. Olive	nd address (if some as Dies some		MS 3	9119	<u> </u>	621111	
00	Same	nd address (if same as Plan sponsor,	enter San	1e")		30	Administrator's f	EIN
						3c	Administrator's t	elephone number
							(601)797-3	3405
4	If the name and/or EIN of the	plan sponsor has changed since the l ber from the last return/report. Spons	ast return/r	eport filed for this	plan, enter the	4b	EIN	
	months, and the plan ham	ber from the last returnifeport. Spons	soi s name			4c	PN	
5a	Total number of participants	at the beginning of the plan year				5a	<u> </u>	9
b		at the end of the plan year				5b		9
С	Total number of participants	with account balances as of the end	of the plan	vear (defined ben	efit plans do not	<u> </u>	 	
	complete this item)					5c		9
6a	Were all of the plan's assets	s during the plan year invested in eligi	ble assets	(See instructions	s.)	,,		X Yes No
D	Are you claiming a waiver of under 29 CFR 2520 104-463	f the annual examination and report of the control	of an indepe	endent qualified pu	ublic accountant (IQF	PA)		Van □ Na
	if you answered "No" to ei	ther 6a or 6b, the plan cannot use I	Form 5500	SF and must ine	stead use Form 550	 N		X Yes No
Pa	ert III Financial Inform	nation				<u>, </u>		
7	Plan Assets and Liabilities			(a) Begi	nning of Year		(b) End	of Year
a	Total plan assets		7a		694,742	!	(-/	915,138
b	Total plan liabilities		7b					
		9 7b from line 7a)	7c		694,742			915,138
8	Income, Expenses, and Tran	sfers for this Plan Year		(a) /	Amount		(b) To	
а							(2)	
			1		13,200			
					40,929			
	·	rs)			4,806			
					171,927	<u> </u>		
), 8a(2), 8a(3), and 8b)	8c		·			230,862
a	to provide benefits)	t rollovers and insurance premiums	8d					
е		ctive distributions (see instructions)						
f		ers (salaries, fees, commissions)						
g					10,466			
h		, 8e, 8f, and 8g)			, 200			10,466
i		ne 8h from line 8c)	j					220,396
		see instructions)						220,336

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Page	/-	

Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the	List of Plan Charact	eristic C	odes ir	the instruc	tions:	
b	2E 2F 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the	List of Dlaw Observato		d 1 -			
D	the plan provides wehate benefits, effect the applicable wehate fleature codes from the	List of Plan Characte	eristic Co	aes in	the instruct	ions:	
Pari	V Compliance Questions		-				
10	During the plan year:		Yes	No		Amount	
a		riod described in	163	NO	8	Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Progra	am) 10	0a	X			
b	party in interest (20 not include traile						
	on line 10a.))b	X			
С	Was the plan covered by a fidelity bond?		Oc X			1	50,00
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was or dishonesty?	caused by fraud)d	х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insura						
	insurance service or other organization that provides some or all of the benefits under the instructions.))e	x			
f	Has the plan failed to provide any benefit when due under the plan?			Х			
~							
g h	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	-10)g	X			
"	If this is an individual account plan, was there a blackout period? (See instructions and 29 2520.101-3.))h	x			
i	If 10h was answered "Yes," check the box if you either provided the required notice or on exceptions to providing the notice applied under 29 CFR 2520.101-3	e of the		Х			
Part							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see inst 5500))	tructions and comple	te Sched	lule SE	3 (Form	П Уев	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section					Yes	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	1412 of the Code of	section .	002 01	EKISA?		140
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan	vear, see instruction	ns. and e	nter th	e date of th	e letter ri	ılina
	granting the waiver	Month _		Day		Year	
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and						
b	Enter the minimum required contribution for this plan year			12b			
100	Enter the amount contributed by the employer to the plan for this plan year						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minunegative amount)			12d			
Δ.	Will the minimum funding amount reported on line 12d be met by the funding deadline?		_		│ Yes 「	No	N/A
Part					165	140	IVA
						П.	
	Has a resolution to terminate the plan been adopted during the plan year or any prior year		Г			Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another participants.			ntrol 		Yes	X No
C	which assets or liabilities were transferred. (See instructions.)	plan(s), identify the p	ian(s) to				
1	3c(1) Name of plan(s):		130	(2) EII	N(s)	13c(3) PN(s)
				. ,			, (- /
	on: A penalty for the late or incomplete filing of this return/report will be assessed u						
SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have e Schedule MB completed and signed by an enrolled actuary, as well as the electronic versit is true, correct, and complete.	examined this return/r ion of this return/repo	report, in ort, and t	cluding o the b	g, if applicat est of my k	ile, a Sch nowledge	edule and
	6 60 d A 9/24/10 1	Word Tabert					
SIGN		Word Johnston					
	Orginature of plant authinistrator	Enter name of indivi			plan admin	istrator	
SIGN		Word Johnston	a, M.I). 			
HERE	Signature of employer plan sponsor	Enter name of indivi	dual sigr	ning as	employer o	r plan sp	onsor
	SOVEMBRINE						