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).

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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.	- P
		Identification Information				
For	calendar plan year 2009 or fis	cal 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-participant plan
	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)	
С	Check box if filing under:	X Form 5558	automatic	extension		DFVC program
	- · · · · · · · · · · · · · · · · · · ·	special extension (enter description	on)			
Da	art II Basic Plan Info	rmation—enter all requested inform				
	Name of plan	mation—enter all requested inform	lation		1h	Three-digit
	NOSE & THROAT PHYS. N.	MISS 401K PLAN			10	plan number
	11002 a 11110/11 1110/11	Miles. To the East				(PN) • 002
					1c	Effective date of plan
						07/01/1976
	•	dress (employer, if for single-employer	r plan)		2b	Employer Identification Number
EAR,	NOSE & THROAT PHYSICIA	ANS OF NORTH MISSISSIPPI, P.A.			0 -	(EIN) 64-0574599
D.O.	DOV 2400				2c	Plan sponsor's telephone number 662-844-7540
	BOX 2180 ELO, MS 38803-2180				2d	Business code (see instructions)
						621111
		d address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN
	NOSE & THROAT PHYSICIA SISSIPPI, P.A.	ANS OF NORTH P.O. BOX 2' TUPELO, M		180		64-0574599
WIIOC	70011 1 1, 1 .7	101 EE0, W	0 00000 2		3c	Administrator's telephone number 662-844-7540
4 1	f the name and/or FIN of the n	plan sponsor has changed since the la	et return/re	nort filed for this plan, enter the	4h	EIN
		per from the last return/report. Sponso		port med for this plan, enter the	40	EIIN
					4c	PN
5a	5a Total number of participants at the beginning of the plan year				5a	59
b	Total number of participants	at the end of the plan year			5b	58
С	Total number of participants	with account balances as of the end o	of the plan y	rear (defined benefit plans do not		
					5c	51
6a	Were all of the plan's assets	during the plan year invested in eligib	ole assets?	(See instructions.)		X Yes No
b		the annual examination and report of				X Yes ☐ No
		(See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F		•		Yes No
Pa	rt III Financial Inform		01111 5500-	SF and must instead use Form 55	00.	
7	Plan Assets and Liabilities			(a) Beginning of Veer		(b) End of Voca
-	Total plan assets		7-	(a) Beginning of Year 2954698	1	(b) End of Year 3658565
	. o.a. p.a accoro		. 7a		-	
b	·	71. (P 7-)		0054006		0
<u></u>		e 7b from line 7a)	. 7с	2954698	5	3658565
8	Income, Expenses, and Tran			(a) Amount		(b) Total
а	Contributions received or rec (1) Employers	eivable from:	. 8a(1)	73616	5	
	• • • •			144504	-	
		rs)		11100		
b	, ,			490727	,	
_	` ,), 8a(2), 8a(3), and 8b)		430121		708847
c d		t rollovers and insurance premiums	. 00			700047
u	, ,		. 8d	4980)	
е	Certain deemed and/or corre	ctive distributions (see instructions)	8e			
f	Administrative service provid	ers (salaries, fees, commissions)	. 8f		_	
g	Other expenses		8g			
h	Total expenses (add lines 8d	, 8e, 8f, and 8g)				4980
i		ne 8h from line 8c)				703867
j		see instructions)				

Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	reristics

SIGN HERE

Signature of employer/plan sponsor

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

b 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		Amount	
-	Was there a failure to transmit to the plan any participant contribution	ns within the time pe	riod described in		.00	110		Amount	
-	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		X			
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	Χ				500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?		,	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	he benefits under the	e plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?			10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)		10g		Χ			
_	If this is an individual account plan, was there a blackout period? (Se	-	_	iog		.,			
	2520.101-3.)		<u>.</u>	10h		X			
i 	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			10i					
art	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirement 5500))							Yes	No No
2	Is this a defined contribution plan subject to the minimum funding re-	quirements of section	n 412 of the Code of	or sec	ction 3	802 of E	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable $\ensuremath{^{12}}$,							
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.								
lf y	/ou completed line 12a, complete lines 3, 9, and 10 of Schedule N			·		Day _		rear	
_	Enter the minimum required contribution for this plan year					12b			
С	Enter the amount contributed by the employer to the plan for this plan	n year			[12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a mini	us sign to the left of	fa		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								
3a	Has a resolution to terminate the plan been adopted during the plan	year or any prior yea	r?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the emp					13a			
b	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?					ntrol		Yes	No X
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	e plan	ı(s) to				
1:	3c(1) Name of plan(s):				130	(2) EII	N(s)	13c(3	B) PN(s)
`o4!	ion. A populty for the lete or incomplete filling of this voture from	t will be accessed:	unlogo roccenstis		00 !0	ooteb!	obod.		
Jnde	ion: A penalty for the late or incomplete filing of this return/repor r penalties of perjury and other penalties set forth in the instructions, I r Schedule MB completed and signed by an enrolled actuary, as well	declare that I have	examined this retur	n/rep	ort, in	cluding	, if applic		
elief	, it is true, correct, and complete.								
SIGN	Filed with authorized/valid electronic signature.	10/04/2010	J. MONTGOMERY	BEF	RRY, I	MD			
HERI		Data	Enter name of inc	livid	al cia-	ning oo	nlon od	niniatratar	

Date

Enter name of individual signing as employer or plan sponsor

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Department of the Treasury Internal Revenue Service

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

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Internation	Department of Labor Employee Benefits Security Administr			er sections 104 and 4065 of the Emplo (ERISA), and section 6058(a) of the	yee	2009
Part Annual Report Inspection Information Inform	Pension Benefit Guaranty Corpora	eli-		re (use Code),		This Form is Open to Bublis
A This return/report is for: A This return/report is for:	Part I Annual Ren	Complete all entries in a	ccordance	with the instructions to the Form 5	500.51	Inspection
A This return/report is for. B This return/report is for. If first return/report is first return/report is for. If first return/report is first return/report is first first return/report is fir	For calendar plan year 2009	or fiscal plan year hadinging			340-01	
B This return/report is for: Instruction Instruction	A This return/report is for:			777 77191174		12/31/2009
C Check box if filing under: Secial internation Secial internation			muitip	de-employer plan (not multiemployer)		
C Check box if filting under	- The retent meport is for:	P-96	[] final r	eturn/report		C) wite-participant plan
DPVC program Social extension (enter description) DPVC program Social extension (enter description)	C Charles have 12 cm		short	plan year return/report (less than 12 m	onthe	
Part	O Check box it filing under:		auton	natic extension	.011010;	
EAR, NOSE & THROAT PHYS. N. MISS. 401K PLAN 2a Plan sponsor's name and accreas (employer, if for single-employer plan) FAR, NOSE & THROAT PHYSICIANS OF NORTH MISSISSIPPI, P.A. 2b P.O. BOX 2180 7c Plan sponsor's name and accreas (employer, if for single-employer plan) FAR, NOSE & THROAT PHYSICIANS OF NORTH MISSISSIPPI, P.A. 2c Plan sponsor's telephora number of PHYSICIANS OF NORTH MISSISSIPPI, P.A. 2c Plan sponsor's telephora number of PHYSICIANS OF NORTH MISSISSIPPI, P.A. 2c Plan sponsor's telephora number of 2c Plan sponsor has observed to the plan sponsor has been sponsor has plan administrator's name and accrease (if some a Plan sponsor) or NORTH MISSISSIPPI, P.A. 3b Administrator's selephora number of PHYSICIANS PHYS	Back III Back	special extension (enter descr	iption)			U DEVC program
EAR, NOSE & THROAT PHYS. N. MISS. 401K PLAN 10 Three-digit plan number 10 10 10 10 10 10 10 1	1a Name of all	nformation—enter all requested info	ormation			
2a Plan sponsor's name and address (employer, if for single-employer plan) EAR, NOSE & TRICOAT PRYSTCIANS OF NORTH MISSISSIPPI, P.A. 2b Employer identification Number (EIN) 64 - 2574.59 2c Plan sponsor's telephone number 652-847-754.0 2d Business code (see instructions) 622.111. 3a Plan administrator's name and address (if spine as Plan sponsor, enter Same) 2d Business code (see instructions) 622.111. 3a Plan administrator's name and address (if spine as Plan sponsor, enter Same) 2d Business code (see instructions) 622.111. BAR 38.03-218.0 35 Administrator's EIN 621.111. BAR 38.03-218.0 36 Administrator's EIN 64-05745.99 37 Administrator's EIN 64-05745.99 38 Administrator's EIN 64-05745.99 39 C Administrator's telephone number 662-941-73-4.0 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the following and the plan sponsor has changed since the last return/report filed for this plan, enter the following and the plan sponsor has changed since the last return/report filed for this plan, enter the following and the plan sponsor has changed since the last return/report filed for this					16	
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3a Plan administrator's name and address (if same as Plan sportsor, other "Same")	TIPELO					652-844-7540
EAR, NOSE & THROAT PHYSICTANS OF NORTH MISSISSIPPI, P.A. Administrator's EIN 64-074590 TUPELO MS 38803-2180 36 Administrator's Elephone number (652-844-7540) TUPELO MS 38803-2180 46 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. Bit, and the plan number from the last return/report. Sponsor's name 46 PN 57 Total number of participants at the beginning of the plan year. 58 Total number of participants at the end of the plan year. 59 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 50 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 50 Administrator's EIN 642-7540 40 ENN 51 Total number of participants at the end of the plan year. 51 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 51 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 52 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 53 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 53 Total number of participants with account balances as of the end of the plan year invested in eligible assets? (See instructions) 54 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 55 Total number of participants at the end of the plan year invested in eligible assets? (See instructions) 56 Total plan invested with a count at the plan year invested in eligible assets? (See instructions) 77 Plan Assets and Liabilities. 78 2954698 79 Count plan plans the plan year invested in eligible assets? (See instruction					2d	Business code (see instructions)
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Total number of participants at the beginning of the plan year	4 If the name and/or EIN of th	0 5/20		report filed for this		002-044-7540
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)		imber from the last return/report. Spon	sor's name	report filed for this plan, enter the	<u>4b</u>	EIN
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 50 Soc Society of the plan's assetts during the plan year invested in eligible assets? (See instructions.) 61 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 62 If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 63 If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 64 Part III Financial Information 75 Plan Assets and Liabilities 65 C Society No. 65 Income, Expenses, and Transfers for this Plan Year 66 Total plan assets (subtract line 7b from line 7a). 77 Total plan assets (subtract line 7b from line 7a). 78 Income, Expenses, and Transfers for this Plan Year 69 Income, Expenses, and Transfers for this Plan Year 60 Contributions received or receivable from: 60 (2) Participants 61 Sa(2) 144504 62 Participants 63 Other income (loss) 64 Benefits paid (including direct rollovers) 65 Ba(2) 144504 66 Benefits paid (including direct rollovers and insurance premiums to provide benefits). 67 Other expenses 68 Administrative service providers (salaries, fees, commissions) 69 Other expenses 60 Cratal neemed and/or corrective distributions (see instructions) 60 Age (society of the feet of the plan year of the	5a Total number of participan	ts at the beginning of the sta			4c	PN
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	raperwork Reduction Act Notice and	OMB Control Numbers, see the instructions	for Form 55	00-SI		

	Form 5500-SF 2009		Page 2-	ţ						
	rt IV Plan Characteristics					*************				
9a	if the plan provides pension benefits, enter the applicable pension fee 2E 2G 2J 2K 3D	iture codes from	m the List of Olan	Characte						
b	If the plan provides wolfare bosofts		" wie clar of mail	Characte	istic Co	odės i	1 the ins	truction	1S :	
	if the plan provides welfare benefits, enter the applicable welfare foat	ture codes from	the List of Plan	Character	stic Co	des in	the inst	ruction	s:	
Par										
10	During the plan year:					,				
а		S Within the tim	a nariad dagasik		Yes	No		Arr	ount	
b	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducial Were there any negroyment transactions with	ry Correction P	rogram)	. 10a		х				-
	Were there any nonexempt transactions with any party-in-interest? ([o not include u	ransactions repor	ted		Х		······································		
c	was the plan covered by a ridelity bond?					<u> </u>				
d	or dishonesty? should be the plan's fide	lity bond, that v	vas caused by fra		X	×			5	000
e	Were any fees or commissions paid to any health	*************		10d		^			_	
	instructions.)	e penonis unde	r the plan? (See			х				
1	Provide any denent when due under the plan?	*-4						 	····	
я	Did the plan have any participant loans? (If "Yes," enter amount as of	vans a 1		1.77		X			<u></u>	
п				10g		X				-
i	If 10h was answered "Yes," check the how if you nime		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10h	.	X				> -
	exceptions to providing the notice applied under 29 CFR 2520.101-3 VI: Pension Funding Compliance	***************************************		10i						j.
17	Is this a defined benefit plan subject to mistage 5) ((r m) (7		
	5500))	/ (If "Yes," See	instructions and a	complete !	Schedu	le SB	(Form	,		
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