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

2010

OMB Nos. 1210-0110

This Form is Open to Public Inspection

	Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.	
	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/20	10	and ending 1	2/31/2	2010
Α.	This return/report is for: 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	n year return/report (less than 12 mor	nths)	
C	Check box if filing under: Form 5558	automatio	extension		DFVC program
	special extension (enter descript	ion)			_
Pa	rt II Basic Plan Information—enter all requested inform	mation			
	Name of plan	nation		1b	Three-digit
	RDEEN EYE CLINIC, PA PROFIT SHARING PLAN				plan number 001
					(PN) •
				1c	Effective date of plan
20	Discourance of a series of a series of a series of the series of			2h	01/01/2004
	Plan sponsor's name and address (employer, if for single-employer, if for single-emplo-employer, if for single-employer, if for single-employer, if fo	er pian)		20	Employer Identification Number (EIN) 20-1593875
	,			2c	Plan sponsor's telephone number
	BOX 955 RDEEN, MS 39730				662-369-2444
,				2d	Business code (see instructions) 621320
3a	Plan administrator's name and address (if same as Plan sponsor,	enter "Same	۵")	3b	Administrator's EIN
ABE	RDEEN EYE CLINIC, PA P.O. BOX 9)55	,	0.0	20-1593875
	ABERDEE	N, MO 39730		3с	Administrator's telephone number
4 .	table and the control of the color of the co		and the description of the second sec	41-	662-369-2444
	the name and/or EIN of the plan sponsor has changed since the learner, EIN, and the plan number from the last return/report. Spons		eport filed for this plan, enter the	40	EIN
	, ,			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	9
С	Total number of participants with account balances as of the end	of the plan y	vear (defined benefit plans do not		8
	complete this item)			5c	<u> </u>
	Were all of the plan's assets during the plan year invested in eligi		,		Yes No
D	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility				ĭ Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use		•		
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	83166	6	95422
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7с	83166	6	95422
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		4170		
	(1) Employers	•		_	
	(2) Participants	8a(2)	10000	<u>'</u>	
_	(3) Others (including rollovers)	, ,	4.470	_	
b	Other income (loss)		1478	5	45040
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>			15648
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3392	2	
е	Certain deemed and/or corrective distributions (see instructions).				
f	Administrative service providers (salaries, fees, commissions)				
g	Other expenses				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				3392
i	Net income (loss) (subtract line 8h from line 8c)				12256
j	Transfers to (from) the plan (see instructions)				

Form 5500-SF 2010	Page 2-
-------------------	----------------

		•	
Part IV	Dian	(`haract	Orietics
гант	ган	CHALAGE	.ci isiics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

D	ir the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	icterisi	iic Co	des in	ine instr	uctions		
art	٧	Compliance Questions							
0	Dur	ing the plan year:		Yes	No		Am	ount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c	X					10000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud lishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	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		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance	101						
11	Is th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))						Yes	X No
2		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
12			01 56	CHOIT	502 UI	EKISA!		103	□ 140
а	If a	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			24,				
b	Ente	er the minimum required contribution for this plan year			12b				
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative 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
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?	under	the co	ontrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ch assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to	1				
1	13c(1) Name of plan(s):							13c(3)	PN(s)
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab					Part !	- 0 '	- ار الد
ВВ о	r Ġch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ ledule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.		,		·			
SIGI	F	iled with authorized/valid electronic signature. 05/16/2011 JULIE BOSS							

SIGN	Filed with authorized/valid electronic signature.	05/16/2011	JULIE BOSS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
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 Retiroment Income Security Act of 1974 (ERISA), and section 5058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information		mio majo uje					
	he calendar plan year 2010 or fiscal plan year beginning	01/01,	/2010	and ending	12/31/2010			
A 1	his return/report is for: x single-employer plan	nultiple-em	ployer plan (r	ot multiemployer)	one-participant plan			
₿ :	his return/report is for: 🔲 first return/report 🗍 fi	inal return/	report					
	an amended return/report	ort (less than 12 months	s)					
C	Check box if filing under: Form 5558	utomatic e	xtension		DFVC progr	a m		
	special extension (enter description)				_			
Ps	rt II Basic Plan Information — enter all requested inform	ation	· · · · · · · · · · · · · · · · · · ·					
	Name of plan			1	1b Three-digit			
	ABERDEEN EYE CLINIC, PA PROFIT SHARING PLAN				pian number (PN) ►	001		
	, and an		ļ-	1c Effective date of plan				
					01/01/2004			
2a	Plan sponsor's name and address (employer, if for single-employer pla	n)			2b Employer iden			
	ABERDEEN EYE CLINIC, PA			}	(EIN) 20-1: 2c Plan soonsors	telephone number		
	P.O. BOX 955				(662) 369-			
υs	ABERDEEN MS 39730			ſ	2d Business code 621320	(see instructions)		
3 a		er "Same")			3b Administrator's	EIN		
	Same	•						
				r	3c Administrator:	s telephone number		
						•		
4	If the name and/or EIN of the plan sponsor has changed since the last	return/repo	ort filed for this	plan, enter the	4b EN			
	name, EIN and the plan number from the last return/report. Sponsor's	Name		-	4c PN			
52	Total number of participants at the beginning of the plan year				5a			
b	Total number of participants at the end of the plan year				5b	<u>8</u> 9		
C	Total number of participants with account balances as of the end of the	efit plans do not		·····				
62	complete this item)		· • • • •	<u> </u>	5c			
b	Are you claiming a waiver of the annual examination and report of an in					X Yes No		
_	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	conditions.	.)			XYes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF a	ind must inst	ead use Form 5500.				
	rt III Financial Information	· 25 4, 12 minut						
7	Plan Assets and Liabilities		(a) E	eginning of Year	(b) En	d of Year		
a	Total plan assets	7a	<u></u>	83,166	<u> </u>	95,422		
b	Total plan liabilities	7b	<u> </u>		 			
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		83,166		95,422		
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	, , ,		(a) Amount) Total		
2	(1) Employers	8a(1)		4,170				
	(2) Participants	8a(2)		10,000				
	(3) Others (including rollovers)	8a(3)						
b		85		1,478				
Ç	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	A Part of the Part		iĝ	15,648		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			9 300	医静脉 经基本			
е	Certain deemed and/or corrective distributions (see instructions)	8d 8e		3,392				
f	Administrative service providers (salaries, fees, commissions)	8f	<u> </u>		一般的技术			
g		8g						
ħ	•	8h				3,392		
ĵ	Net income (loss) (subject line 8h from line 8c)	81	55775	A STORY OF THE STO	***	12,256		
í	Transfers to (from) the plan (see instructions)	8j	1 1 1 1 1 1 1 1 1 1 1 1 1	n noward () e e				
-					 For the new limit of the first particular 	Street, March 1987, April 1987		

	Form 5500-SF 2010	Pa Pa	ge 2 -						
Parl	IV Plan Characteristics				······································				
	f the plan provides pension benefits, enter the applicable pension featu	ire codes from the List	of Plan Charac	teństic (Codes	in the	instructions	:	
bı	2G 2E 3D f the plan provides welfare benefits, enter the applicable welfare feature	e codes from the List	of Plan Characte	eristic C	odes i	n the ir	structions:		
Par	tV Compliance Questions								
10	During the plan year:		····	*********	Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribution					x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? (Day 10-10-10-10-10-10-10-10-10-10-10-10-10-1	Do not include transac		- 10a		x	\ -		
_	on line 10a.)			- 10b	 	1	<u> </u>		
c d	Was the plan covered by a fidelity bond?. Did the plan have a loss, whether or not reimbursed by the plan's fide	-		_ 10c	X	ļ			10,000
ŭ	or dishonesty?	any bond, trai was ca	· · · · ·	- 10d		×	<u> </u>		
e	Were any fees or commissions paid to any brokers, agents, or other prinsurance services or other organization that provides some or all of tinstructions.)			10e		×			
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	f year end.)		- 10a		×			
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 29		. 10h		×			
ĩ	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one	of the				the state of the s		
Pár	VI Pension Funding Compliance		· · · · · · · · · · · · · · · · · · ·	- 1.01	·	1	Jest J. Best office to	Mes of Charles	<u> </u>
11	is this a defined benefit plan subject to minimum funding requirement 5500))	ts? (If "Yes," see instr	uctions and com	plete So	chedul	e SB (l	-om	Yes	s X No
12	Is this a defined contribution plan subject to the minimum funding req (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	quirements of section 4	112 of the Code	orsecti	on 302	2 of ER	ISA?	. Yes	X No
	If a waiver of the minimum funding standard for a prior year is being a granting the waiver	,	M	tions, a onth	nd ent			letter rulin Year	
b		= = = = = = = = = = = = = = = = = = = =	•		Γ	12b			
c	Enter the amount contributed by the employer to the plan for this plan				•	12c			
d		e result (enter a minus	sign to the left	ofa		12d			
e	Will the minimum funding amount reported on line 12d be met by the	funding deadline? .			· ·		Yes	[]No	∏N/A
Pár	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan	vear or any prior year	·				······	Ye	s X No
	If "Yes," enter the amount of any plan assets that reverted to the emp	ployer this year			[13a	1		
	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC? If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)					troi			s XNo
	13c(1) Name of plan(s):				1:	3c(2) E	in/s)	1300	3) PN(s)
						•••	(3)	,,,,,,,	971 14(3)
				+			······································		
Caul	ion: A penalty for the late or incomplete filing of this return/report	will be assessed unit	occ macanable		in ant	- hliab			
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I or Schedule MB completed and signed by an enrolled actuary, as well as f, it is true, correct, and complete.	declare that I have ex-	mined this retur	n/renor	indu	dina i	applicable	, a Schedu wledge an	ię d
	an Man & Lon	5-5-4/	Mar	u (, ,	ong			
	RE Signature of plan administrator	Date	Enter name of		ial sici		plan admir	nistrator	
SI	SN Man (Su -	5-10-11	Maril	0.	,	G	ورون درست	-224(0)	·····
1 5 13	RE Signature of employeriplan sponsor	Date	Enter name of	Individu			employer	or olan enn	nsor
								טעב זיייע	· ···/**