## 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.

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information									
For	For calendar plan year 2009 or fiscal plan year beginning 11/01/2009 and ending 10/31/2010									
Α	eturn/report is for: Single-employer plan multiple-employer plan (not multiemployer) one-participant plan									
В	This return/report is for: first return/report	final return/report								
	an amended return/report	short plar	year return/report (less than 12 m	onths)						
С	Check box if filing under:	automatic	extension		DFVC program					
	special extension (enter description	n)								
Pa	art II Basic Plan Information—enter all requested informa	ation								
	Name of plan			1b	Three-digit					
EAR	, NOSE & THROAT SURGICAL GROUP, P.A. 401(K) PROFIT SHAF	RING PLA	N		plan number					
				4.0	(PN)					
				10	Effective date of plan 11/01/1972					
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number					
	, NOSE & THROAT SURGICAL GROUP, P.A.	. ,		(EIN) 64-0511317						
7041	AKELAND DDIVE OUTE 000			2c	Plan sponsor's telephone number 601-982-0611					
JACK	LAKELAND DRIVE, SUITE 200 KSON, MS 39216			2d	Business code (see instructions)					
					621111					
	Plan administrator's name and address (if same as Plan sponsor, er			3b	Administrator's EIN					
EAK	, NOSE & THROAT SURGICAL GROUP, P.A. 764 LAKELAN JACKSON, M		, SUITE 200	30	64-0511317 Administrator's telephone number					
					601-982-0611					
	f 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. Sponsor	r's name		4c	PN					
5a	Total number of participants at the beginning of the plan year	+ -	2							
b				5b	0					
С	Total number of participants with account balances as of the end of			35						
	complete this item)	. 5c	0							
-	Were all of the plan's assets during the plan year invested in eligible		,		X Yes No					
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year					
а	Total plan assets	7a	519775	6	0					
b	Total plan liabilities	7b		0	0					
С	Net plan assets (subtract line 7b from line 7a)	7c	519775	6						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or receivable from:  (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	-32037	'4						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-320374					
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d	487738							
e	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0	4077000					
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			4877382					
 	Net income (loss) (subtract line 8h from line 8c)	8i			-5197756					
- 1	Transfers to (from) the plan (see instructions)	8j		0						

Daut IV/	Diam	Characte	:-4:
Part IV	Plan	Characte	Pristics

Filed with authorized/valid electronic signature.

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

Signature of plan administrator

SIGN HERE

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: 2G 2G 2J 2K 2R 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	es No Amount						
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					500000		
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								
art	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))									
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No									
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
	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						
a	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)		L	12d				1		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	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>			X	Yes	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control							No		
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
1	3c(1) Name of plan(s):	<b>13c(2)</b> EIN(			V(s)	1	3c(3)	PN(s)		
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	e cau	se is	establi	shed.					
Jnde SB o	Inder penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule B or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and elief, it is true, correct, and complete.									

08/03/2011

08/03/2011

Date

Date

MICHAEL P. DENNY, CPA

MICHAEL P. DENNY, CPA

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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OMB Nos. 1210-0110

1210-0089

2009

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation  Complete all entries in accor	dance wit	h the instructions to the Form 5500	)-SF.	spection					
	art Annual Report Identification Information				·					
For	the calendar plan year 2009 or fiscal plan year beginning	11/0	1/2009 and ending	10/31/2010						
Α	This return/report is for:	sturn/report is for: x single-employer plan multiple-employer plan (not multiemployer) one-participation								
В	This return/report is for: first return/report	final retur	n/report							
	an amended return/report	short plan	year return/report (less than 12 month	(a						
С	Check box if filing under:		extension	DFVC progra	-m					
	special extension (enter description		OAGIGIOTI	☐ DEVC blogic	aiii					
D	**************************************	<u>,                                    </u>		·						
	art II Basic Plan Information enter all requested information of plan	rmation.		41						
	·			<b>1b</b> Three-digit plan number						
	Ear, Nose & Throat Surgical Group, P.A. 401(k)	Profit	Sharing Plan	(PN) ▶	002					
				1c Effective date of	of plan					
2a	Plan sponsor's name and address (employer, if for single-employer p	lan)		11/01/1972						
	Ear, Nose & Throat Surgical Group, P.A.	iaii <i>j</i>	İ	2b Employer Identification Number (EIN) 64-0511317						
	764 Tabaland Polaria Color			2c Plan sponsor's telephone number						
	764 Lakeland Drive, Suite 200		<u> </u>	(601) 982-0611						
	Jackson MS 39216			2d Business code 621111	(see instructions)					
3а	Plan administrator's name and address (If same as plan employer, er Same	nter "Same'	')	3b Administrator's	EIN					
	Same									
			· [	3c Administrator's	telephone number					
4	If the name and/or EIN of the plan sponsor has changed since the las	t return/rep	ort filed for this plan, enter the	4b EIN						
	name, EIN and the plan number from the last return/report. Sponsor's	Name	F	4c PN						
5a	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	26 0						
C	Total number of participants with account balances as of the end of the	r (defined benefit plans do not	0.0							
60	complete this item)	<u> </u>		5c	0					
6a b	IX I Yes   IN									
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF	and must instead use Form 5500.		<u>M</u> 103 □140					
Pa	Part III Financial Information									
7	Plan Assets and Liabilities	465	(a) Beginning of Year	(b) End	of Year					
а	Total plan assets	7a	5,197,756		0					
b	Total plan liabilities	7b	0		0					
С	Net plan assets (subtract line 7b from line 7a)	7c	5,197,756		0					
3	Income, Expenses, and Transfers for this Plan Year	, 19 M	(a) Amount	(b)	Total					
а	Contributions received or receivable from:									
	(1) Employers	8a(1)	0							
	(2) Participants	8a(2)	0							
b	(3) Others (including rollovers)	8a(3)	0							
		8b	(320,374)							
c d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			(320,374)					
	to provide benefits)	8d	4,877,382							
е	Certain deemed and/or corrective distributions (see instructions)	8e	0							
f	Administrative service providers (salaries, fees, commissions)	8f	0							
g	Other expenses	8g	0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			4,877,382					
i	Net income (loss) (subtract line 8h from line 8c)	8i			(5,197,756)					
j	Transfers to (from) the plan (see instructions)	8j	0							

···-	F	orm 5500-SF 2009		Page <b>2-</b>							
Par	t IV	Plan Characteristics		·					<u>.                                    </u>	<del></del>	
9a	If the p	lan provides pension benefits, enter the applicable pension fe	ature codes from the	E List of Plan	Chara	cteristic	Codes	in the	instructions:		
b		G 2G 2J 2K 2R 3D lan provides welfare benefits, enter the applicable welfare feat	ture codes from the	List of Plan (	Charac	teristic (	Codes i	n the ir	nstructions:		
Par	t V	Compliance Questions		<del></del>							-
10		ng the plan year:	·				Yes	No	Α	mount	·
a		there a failure to transmit to the plan any participant contributi	ion within the time n	oriod dooorib	and in		163	NO	^	mount	· · · · · ·
	29 C	FR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ary Correction Progr	ram)		. 10a		х			
b		e there any nonexempt transactions with any party-in-interest?	(Do not include tran	nsactions rep	orted						
		ne 10a.)			• •	· 10t	<u> </u>	X		<del> </del>	
C		the plan covered by a fidelity bond?				. 100	X	ļ		5	500,00
d	or di	he plan have a loss, whether or not reimbursed by the plan's fi shonesty?	idelity bond, that wa	s caused by	fraud	. 100	ı	х			
е	Were	e any fees or commisions paid to any brokers, agents, or other	r persons by an insu	rance carrier	<b>-</b> ,						
	insur	ance services or other organization that provides some or all outions.)	of the benefits under	the plan? (S	See	106	.	x			
f		the plan failed to provide any benefit when due under the plan			• •	•		x			
g						· 10f	<del>                                     </del>				· .
9 h		he plan have any participant loans? (If "Yes," enter amount as s is an individual account plan, was there a blackout period? (S			• •	· 10g	<u> </u>	x	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(May 4 11 17 17 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18	455 ×16000
•••	2520	.101-3.)	see instructions and	29 CFR		. 10h	,	x			
i	If 10	n was answered "Yes," check the box if you either provided the	e required notice or	one of the							
Par		ptions to providing the notice applied under 29 CFR 2520.101- Pension Funding Compliance	-3	• • • •		.  10i	<u> </u>				
11		s a defined benefit plan subject to minimum funding requireme	ents? (If "Yes " see i	netructione a	nd com	nlete S	chedul	o SR /		<del></del>	
	5500	<u>)) </u>	<u> </u>				<u> </u>			Yes	X No
12	ls thi	s a defined contribution plan subject to the minimum funding re	equirements of sect	ion 412 of the	e Code	or sect	ion 302	of ER	ISA?	Yes	ХNо
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applica									
а	If a w	raiver of the minimum funding standard for a prior year is beinging the waiver	g amortized in this p	lan year, see	e instru	ctions, a	ınd ent	er the o	date of the le	tter ruling	
lf v		ing the waiver		d ekin to lin	M	lonth _		Day	′ Y	'ear	
b		the minimum required contribution for this plan year		-			Г	12b		<del></del>	
C		the amount contributed by the employer to the plan for this pl					. ⊦	12c			
d	Subti	ract the amount in line 12c from the amount in line 12b. Enter t	the result (enter a m	inue eign to	the left	ofo	·  -	120			<del>_</del>
		tive amount)	• • • • • •	· · · ·				12d			
е	Will t	ne minimum funding amount reported on line 12d be met by the	ne funding deadline?	·					Yes [	□No [	□N/A
Part	VII	<b>Plan Terminations and Transfers of Assets</b>						"-	**		
13a	Has a	resolution to terminate the plan been adopted during the plan	n year or any prior ye	ear?		• • •				X Yes	□No
	If "Ye	s," enter the amount of any plan assets that reverted to the en	nployer this year .					13a	<u>-</u>		(
b	Were	all the plan assets distributed to participants or beneficiaries,	transferred to anoth	er plan, or br	rought i	under th	e contr		-	**	
С	of the	PBGC?								XYes	∏No
1		Name of plan(s):		·			13	<b>c(2)</b> El	N(s)	13c(3) F	PN(e)
								<u> </u>	11(0)	100(0)1	14(3)
								****			
				· · · · · · · · · · · · · · · · · · ·						<u> </u>	
		enalty for the late or incomplete filing of this return/report								<u>-</u>	
SB or	Sched	ies of perjury and other penalties set forth in the instructions, I ule MB completed and signed by an enrolled actuary, as well a le, correct, and complete	declare that I have as the electronic ver	examined th sion of this re	is retur eturn/re	n/report port, ar	, includ Id to the	ling, if a e best	applicable, a of my knowle	Schedule edge and	
SIG	N /	The let	8/3/11	MICHAI	ET. P	DEMM	Y 01	 DZ	<del></del>		
HEF	1000	gnature of plan admiristrator.	Date					*	olan administ	rator	
610		There is	8/3/11						Jian auminis	ialui	
SIG	440	mature of amployer/plan analysis	<del>  - 1/                                  </del>	MICHA					<del> </del>		
	- J 31	gnature of employer/plan sponsor	Date	Enter na	me of	ındividu	al signi	ng as e	employer or p	lan spons	or