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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.	1			
		dentification Information							
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
A	This return/report is for:	single-employer plan	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	short plan	year return/report (less than 12 mor	nths)				
С	Check box if filing under:	X Form 5558	automatio	extension		DFVC program			
	3 · · ·	special extension (enter description	on)						
D	rt II Basic Plan Infor	mation—enter all requested inform	,						
	Name of plan	mation—enter all requested inform	lation		1h	Three-digit			
	NOSE & THROAT PHYS. N. M	MISS 401K PLAN			15	plan number			
_,						(PN) ▶ 002			
					1c	Effective date of plan			
						07/01/1976			
		ess (employer, if for single-employer	plan)		2b	Employer Identification Number			
EAR	NOSE & THROAT PHYSICIAI	NS OF NORTH MISSISSIPPI, P.A.			2-	(EIN) 64-0574599			
P.O.	BOX 2180				2C	Plan sponsor's telephone number 662-844-7540			
TUPI	ELO, MS 38803-2180				2d	Business code (see instructions)			
						621111			
3a	Plan administrator's name and	address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's EIN			
	NOSE & THROAT PHYSICIAI SISSIPPI, P.A.	NS OF NORTH P.O. BOX 21 TUPELO, MS		80	0 -	64-0574599			
					3C	Administrator's telephone number 662-844-7540			
4	f the name and/or FIN of the pla	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b EIN				
	•	er from the last return/report. Sponso		per med ter and plan, erner are					
					4c	PN			
5a	Total number of participants a	t the beginning of the plan year			5a	60			
b	Total number of participants a	t the end of the plan year			5b	56			
С	Total number of participants w	rith account balances as of the end o	f the plan year (defined benefit plans do not			40			
	complete this item)				5c	48			
	•	during the plan year invested in eligib		,		Yes No			
b		he annual examination and report of (See instructions on waiver eligibility				X Yes ☐ No			
		ner 6a or 6b, the plan cannot use F							
Pa	rt III Financial Inform		<u> </u>	or and muct motoda acc r crim co.					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
=	Total plan assets		. 7a	3658565	5	3863353			
b	. ota. pia accoto			C)	0			
C	•	7b from line 7a)		3658565	5	3863353			
8	Income, Expenses, and Trans		70	(a) Amount		(b) Total			
а	Contributions received or rece			(a) Alliount		(b) Total			
ű			. 8a(1)	72917	7				
	(2) Participants		. 8a(2)	138679)				
	(3) Others (including rollovers	s)							
b	, ,	, 	` `	350155	5				
С	Total income (add lines 8a(1).	8a(2), 8a(3), and 8b)				561751			
d		rollovers and insurance premiums		050000					
			. 8d	356963					
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e						
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f		_				
g	Other expenses		. 8g						
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				356963			
i	Net income (loss) (subtract lin	e 8h from line 8c)	. 8i			204788			
i		ee instructions)							

Fo	rm 5500-SF 2010	Page 2-	-
Part IV	Plan Characteristics		

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	unt	
_	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		Aiiic	, dire	
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	X					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		X				
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								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	□ No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	01 00	otion c	002 01		Ш		□
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions	and e	nter th	e date of t	he let	ter ruli	na
<u> </u>	granting the waiverMon							
lf y	you 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				
С	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 negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	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 year?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Γ	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ntrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) El	N(s)		13c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.	1		
Inde B o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return a Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return	ırn/rep	ort, in	cluding	g, if applic			
elief	f, it is true, correct, and complete. Filed with authorized/valid electronic signature. 09/26/2011 J. MONTGOMER	W DE	י אחם	MD				
eici	Filed with authorized/valid electronic signature. 09/26/2011 J. MONTGOMEF	I BE	ĸκΥ, Ι	VID				

SIGN	Filed with authorized/valid electronic signature.	09/26/2011	J. MONTGOMERY BERRY, MD
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

T-631

Form 5500-SF

FROM-EAR NOSE THROAT

Department of the Treasury Internal Revenue Service

Department of Labor

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

2010

This Form is Open to Public

			Code (the Code).		Ins	pection
	ension Benefit Guaranty Corporation Complete all entries in accord	lance witi	the instructions to the Form 550	0-SF.		
Pa						
For	calendar plan year 2010 or fiscal plan year beginning	01/01/	2010 and ending		12/31/2010)
Α .	This return/report is for:	multiple-e	mployer plan (not multiemployer)	[one-participa	nt plan
В -	This return/report is for: first return/report	final retur	n/report		_	
_			year retum/report (less than 12 mor	othe)		
_				,,,,,	D 55 (0	
C	Check box if filing under: 🗵 Form 5558		extension	l	DFVC progra	m
	special extension (enter descriptio	n)	<u></u>			
Pa	rt II Basic Plan Information—enter all requested informa	ation		,		
	Name of plan				Three-digit	
	EAR, NOSE & THROAT PHYS. N. MISS. 401K P	LAN		}	plan number	002
					(PN)	
				16	Effective date of 07/01/197	
-20	Plan sponsor's name and address (employer, if for single-employer	nian)		2h	Employer Identif	
Za	EAR, NOSE & THROAT PHYSICIANS OF NORTH M	ISSISS	IPPI, P.A.		(EIN) 64-057	
						elephone number
	P.O. BOX 2180				662-844-7	
	TUPELO MS 38803-2180			2d	•	see instructions)
				21.	621111	
3a	Plan administrator's name and address (if same as Plan sponsor, er EAR, NOSE & THROAT PHYSICIANS OF NORTH M	nter "Same IISSISS	e") HIPPI. P.A.	30	Administrator's (64-057459)	
				30		elephone number
	P.O. BOX 2180 TUPELO MS 38803-218	0		30	662-844-7	
4 1	the name and/or EIN of the plan sponsor has changed since the las	t return/re	port filed for this plan, enter the	4b		
	name, EIN, and the plan number from the last return/report. Sponso		•			
	11-11-11-11-11-11-11-11-11-11-11-11-11-			4c	PN	
5a	Total number of participants at the beginning of the plan year				<u> </u>	60
b	Total number of participants at the end of the plan year			5b	1	56
C Total number of participants with account balances as of the end of the			ear (defined benefit plans do not			
	complete this Item)			5c		48
	Were all of the plan's assets during the plan year invested in eligible					X Yes No
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.)						X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•			X Yes ∐ No
Pa	rt III. Financial Information	31111 3300-	SP and must instead use Form 55	ш.		
7	Plan Assets and Liabilities		(a) Beginning of Year		/b) E-a	of Year
-	Total plan assets		365856	5	(b) Ena	3863353
a	Total plan liabilities		3030	<u></u>		3003333
	Net plan assets (subtract line 7b from line 7a)		365856			3863353
	·	7c		-		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	_	(b) T	otal
а	Contributions received or receivable from: (1) Employers	8a(1)	7291	7		
	(2) Participants	8a(2)	13867	_		
	• •			-1		· · · · · · · · · · · · · · · · · · ·
	(3) Others (including rollovers)	8a(3)	3604	_		
b	Other income (loss)	8b	35015	-		
¢	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-	<u> </u>	561751
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	35696	4	•	
			33079	-		
e	Cortain deemed and/or recreative distributions / itti	0.0				
	Certain deemed and/or corrective distributions (see instructions)			-		-
f	Administrative service providers (salaries, fees, commissions)	8f				
f g	Administrative service providers (salaries, fees, commissions) Other expenses	Bf 8g		-	· ·	
f g h	Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8f 8g 8h				356963
	Administrative service providers (salaries, fees, commissions) Other expenses	Bf 8g				356963 204788

Page 2-

	F	Form 5500-SF 2010	Page 2-						
Dar	t IV	Plan Characteristics							
9a	If the	plan provides pension benefits, enter the applicable pension feature cod	es from the List of Plan Char	acteris	tic Co	des in t	he instruc	tions:	
	2E	2G 2J 2K 3D							
b	If the	plan provides welfare benefits, enter the applicable welfare feature code	s from the List of Plan Chara	acteris	tic Cod	tes in th	ne instructi	ions:	
Рап		Compliance Questions	1			1			
10		ing the plan year:		·—	Yes	No		Amoun	t
а	29	s there a failure to transmit to the plan any participant contributions within CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corre	ction Program)	10a		Х			
ь		re there any nonexempt transactions with any party-in-interest? (Do not In ine 10a.)		10ъ		х	_		
¢	Wa	s the plan covered by a fidelity bond?		10c	х		_		500000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity boni		10d		х			
e	insu	re any fees or commissions paid to any brokers, agents, or other persons irance service or other organization that provides some or all of the benef ructions.)	its under the plan? (See	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 er	d.)	10g		х			
h		is is an individual account plan, was there a blackout period? (See instruc 0.101-3.)		10h		х	• .		
i	If 10	Oh was answered "Yes," check the box if you either provided the required eptions to providing the notice applied under 29 CFR 2520,101-3	notice or one of the	101			-	· .	
Part		Pension Funding Compliance	1 1112						
11	ls th	is a defined benefit plan subject to minimum funding requirements? (If "Y 0))						П у	es Π No
12		hls a defined contribution plan subject to the minimum funding requirement						Πv	es X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a	waiver of the minimum funding standard for a prior year is being amortize							
le.		nting the waivercomplete lines 3, 9, and 10 of Schedule MB (Forn				Day_		Year	
b		er the minimum required contribution for this plan year				12b			
~		er the amount contributed by the employer to the plan for this plan year				12c			
d	Sub	atract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	of a	Γ	12d			
	~	the minimum funding amount reported on line 12d be met by the funding					Yes	∏ No	□ N/A
Part		Plan Terminations and Transfers of Assets							
		· · · · · · · · · · · · · · · · · · ·						\Box	es 🗓 No
138		s a resolution to terminate the plan been adopted during the plan year or a				13a			es M 140
		'es." enter the amount of any plan assets that reverted to the employer thi re all the plan assets distributed to participants or beneficiaries, transferre							
c	of th	he PBGC?uring this plan year, any assets or liabilities were transferred from this plan						_ Y	es 🗓 No
		ch assets or liabilities were transferred. (See instructions.)	to another plantage learning t		11(-7 1-	·			
	13c(1) Name of plan(s):		_	13	c(2) Ell	V(s)	130	(3) PN(s)
		-						1	
		A penalty for the late or incomplete filing of this return/report will be	assassad unlang reservab		ree ie	actabli	inhod .		
		A penalty for the late or incomplete filing of this return/report will be nalties of perjury and other penalties set forth in the instructions, I declare						- Alde	chodula
SB	or Śch	latives of perjury and other perhaps are norther that matterious, i declare ledule MB completed and signed by an enrolled actuary, as well as the el- true, correct, and complete.	ectronic version of this return	repor	t, and	to the b	est of my	knowled	ige and
	Ť		J. Montgom	HETV	Ber	ry. N			
	HERE Signature of plan administrator		1	Enter name of individual signing as plan administrator					
		Signature of plan administrator Date	J. Montgon					unsuato	
SIG		Signature of employer/plan sponsor	& n Enter name of i					or plan	sponsor
			_						