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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P		dance witl	n the instructions to the Form 5500	-SF.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/2	011		
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	oant plan	
В	This return/report is: the first return/report	the final r	eturn/report				
		a short pla	an year return/report (less than 12 mo	nths)			
_			extension		DFVC progra	m	
C			, exterision	L	_ DEVC progra	1111	
_	special extension (enter descriptio	,					
Pa	Irt II Basic Plan Information—enter all requested information	ation					
	Name of plan				Three-digit		
ABEF	RDEEN EYE CLINIC, PA PROFIT SHARING PLAN				plan number (PN)	001	
			-		` '		
				16	Effective date of 01/01/	•	
2a	Plan sponsor's name and address; include room or suite number (er	mnlover if	for a single-employer plan)	2h	Employer Identif		_
	RDEEN EYE CLINIC, PA	inployer, ii	Tor a single employer plant			93875	
					Sponsor's telep	hone number	_
Б.О	DOV OFF			20	662-369		
	BOX 955 RDEEN, MS 39730			2d	Business code (see instructions)	_
					62132		
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	2")	3b	Administrator's I	ΞIN	
	RDEEN EYE CLINIC, PA P.O. BOX 955	5			20-15	93875	
	ABERDEEN,	IVIS 39730		3c		elephone numbe	r
	If the control of the		and the description of the section of the	41-	662-369	1-2444	_
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year			5a			ç
b	Total number of participants at the end of the plan year		-				_
			-	5b			
С	Number of participants with account balances as of the end of the p complete this item)	• (•	5c			7
6a	Were all of the plan's assets during the plan year invested in eligible		· · · · · · · · · · · · · · · · · · ·			X Yes N	10
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 N	10
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	0.			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	. 7a	95422			108348	
b	Total plan liabilities	. 7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	95422			108348	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		, ,				
	(1) Employers	8a(1)	4061	_			
	(2) Participants	8a(2)	10000				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	13589				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				27650	
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	. 8d	14724				
е	Certain deemed and/or corrective distributions (see instructions) \ldots	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				14724	
i	Net income (loss) (subtract line 8h from line 8c)					12926	_
i	Transfers to (from) the plan (see instructions)						
		8j					

Form	5500-	SF	201

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

Part	V Compliance Questions						
10	During the plan year:		Yes	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				10000
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		Х			
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					
Part	VI Pension Funding Compliance						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Yes	s X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	s X No
	(If "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 amortized in this plan year, see instruct granting the waiver						
lf y	ou 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 congative 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						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a	<u> </u>			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?		the co	ntrol		☐ Yes	s 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.)	e plai	n(s) to			Ц	ш
1	3c(1) Name of plan(s):		130	c(2) EII	N(s)	13c(3) PN(s)
							. ,
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable						
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the setup of this return of the setup of this return o						

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/31/2012	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

Employee Benefits Socurity Administration Pension Benefit Guaranty Corporation

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 6057(b) and 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

2011

This Form is Open to Public Inspection

	Annual Report Identification Information					·····	
For	he calendar plan year 2011 or fiscal plan year beginning		/2011 and ending	12/	31/2011		
A ·	This return/report is for: x a single-employer plan	a multiple-e	employer plan (not multiemployer)		a one-participa	ant plan	
В.	This return/report is:	the final ret	turn/report				
	an amended return/report	a short pla	n year return/report (less than 12 montl	ns)			
C	Check box if filing under: Form 5558	automatic e	extension	П	DFVC program	n	
	special extension (enter description)						
D.	int II Basic Plan Information enter all requested inform						
	Name of plan	nation.		1h 🔻	hree-digit		
	·				an number		
	ABERDEEN EYE CLINIC, PA PROFIT SHARING PLAN		<u></u>		°N) ▶	001	
					ffective date of 1/01/2004	plan	
2a	Plan sponsor's name and address; include room or suite number (emp	olover if for	single-employer plan)			ication Number	
	ABERDEEN EYE CLINIC, PA	210 y C1 , 11 101	single-employer plany		mpioyer identili EIN) 20-159		
			<u> </u>			elephone number	
	P.O. BOX 955		1		662) 369-2		
	P.O. BOA 955			2d B	usiness code (s	see instructions)	
US	ABERDEEN MS 39730				21320		
3a	Plan administrator's name and address (If same as plan sponsor, ente	r "Same")		3b A	dministrator's E	EIN	
	Same						
				3c A	dministrator's te	elephone number	
						·	
4	If the name and/or EIN of the plan sponsor has changed since the last	return/ren	ort filed for this plan, enter the	4b E	INI		
•	name, EIN, and the plan number from the last return/report.	returnarep	· ' /				
	Sponsor's Name			4c PN			
_	Total number of participants at the beginning of the plan year			5a 9			
b	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan			5b_		7	
	complete this item)	· · ·	e e e e e e e e e e e e e e e e e e e	5c		7	
	Were all of the plan's assets during the plan year invested in eligible a	ssets? (Se	e instructions.)			XYes No	
b	Are you claiming a waiver of the annual examination and report of an i	ndepender	nt qualified public accountant (IQPA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and		•	• •		X Yes No	
Da	If you answered "No" to either 6a or 6b, the plan cannot use Form If III Financial Information	5500-5F 8	and must instead use Form 5500.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Voor	
'					(D) EIIU		
a	Total plan assets	7a	95,422			108,348	
a C	Total plan liabilities	7b	OF 400			100 040	
8	Net plan assets (subtract line 7b from line 7a)	7c	95,422 (a) Amount		T (d)	108,348	
a	Contributions received or receivable from:	ascasion()(38))	(a) Amount	300011151			
	(1) Employers	8a(1)	4,061	Milli			
	(2) Participants	8a(2)	10,000				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	13,589	gundise)			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				27,650	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	941	14,724				
е	Certain deemed and/or corrective distributions (see instructions)	8d	14,124				
f	·	8e		ł			
	Administrative service providers (salaries, fees, commissions) Other expenses	8f		l de la constant			
g h	Other expenses	8g		i i		10 704	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					14,724	
:	Net income (loss) (subtract line 8h from line 8c)	8i		en e	UU jajasanaa soo assa s	12,926	
	Transfers to (from) the plan (see instructions)	. 8j	İ			Omittanomija vastanis ilia tapise	

	Form 5500-SF 20 1	ŗ	Page 2-		_				
Par	IV Plan Characteristics								
	f the plan provides pension benefits, enter the applicable pension fe 2E 2G 2J 2K 3D f the plan provides welfare benefits, enter the applicable welfare feat								
Par	V Compliance Questions								
10	During the plan year:				Yes	No	T	Amount	
a	Was there a failure to transinit to the plan any participant contributi	ions within the time per	iod described in					74100112	······································
	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduci Were there any nonetempt transactions with any party-in-interest?	iary Correction Program	n)	10a	<u> </u>	x		······································	
	on line 10a.)			105	ļ	x			
	Was the plan covered by a fidelity bond?			10c	×				10,000
d	Did the plan have a lcss, whether or not reimbursed by the plan's for dishonesty?	idelity bond, that was c	aused by fraud	10d		×			
е	Were any fees or commissions paid to any brokers, agents, or office insurance services or other organization that provides some or all tinstructions.)	r persons by an insuran of the benefits under the	e plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan			101		x		***************************************	***
g	Did the plan have any participant loans? (If "Yes," enter amount as					 			
h		See instructions and 29	CFFR	10g		x			
ï	If 10h was answered "Yes," check the box if you either provided the	e required police or one	of the	10h		-			approximation The desire
Par	exceptions to providing the notice applied under 29 CFR 2520.101. VI Pension Funding Compliance	<u>-3,</u>	<u> </u>	10i	<u> </u>	<u> </u>			
11	Is this a defined benefit plan subject to minimum funding requirement	ents? (If "Yes," see inst	ructions and comple	ete Sc	hedu	e SB (Form		
12	5500)) Is this a defined contribution plan subject to the minimum funding r								es XNo
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applice if a waiver of the minimum funding standard for a prior year is being granting the waiver	able.) g amortized in this plan	year, see instructio	יחור פו	nd ant	er the		e letter rufi	
b	ou completed line 124, complete lines 3, 9, and 10 of Schodule				٦				
c	Enter the minimum required contribution for this plan year				· -	12b	<u> </u>		
ď	Enter the amount con ributed by the employer to the plan for this pl Subtract the amount in line 12c from the amount in line 12b. Enter	lan year		• •	٠ -	12c			
	negative amount)	are resort feriter a tillito	s sign to the lent of:	a •••		12d			
<u> </u>	Will the minimum functing arrount reported on line 12d be met by the	he funding deadline?					∐Yes	No	□N/A.
Päřt	Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan ye	ar?						. 🗆 Ye	es XNo
	If "Yes," enter the amount of any plan assets that reverted to the en		<u> </u>		[13a			
	Were all the plan assets distributed to participants or beneficiaries, of the PBGC? If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)					rol			es 区No
	3c(1) Name of plan(s):				13	c(2) E	lN(s)	130	(3) PN(s)
									hid
						-			
Cauti	n: A penalty for the late or incomplete filing of this return/report	t will be assessed uni	ess reasonable ~	nese ie	a patr	hlich	ıd		····
Under SB or belief,	penalties of perjury and other penalties set forth in the instructions, i Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.	declare that I have av-			71			. a Schedi wledge ar	nd ale
SIG	Mary C. Larg		Mary C.	1 -	_ ~				
ΉE	Signature of plan administrator	Date 7-30-12	Enter name of ind	. S. O. Svičina		no ee	nian admi-	ictore.	
SIG	Man C. Lone		Mary C. L	- 271		13 03	F-di - GUIIII	nau ato:	
HE		Date # 7-38-12				D.C	ananim inc		
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	France Henric of IUG	·viuua	sign	ng as	employer	or plan spo	onsor

5500-SF Electronic Filing Authorization

Plan Name:

ABERNEEN EYE CLINIC, PA PROFIT SHARING PLAN

EIN/PN:

20-1893875/001

Plan Year:

01/01/2011 - 12/31/2011

I hereby authorize Advantage Network Financial Services, LLC to electronically file the above return with the JS Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5.500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the Us Department of Labor's internet site for public disclosure.

Plan Administrator

Plan Sponsor

Connu Chay
(sign)

73072
(date)