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

2012

This Form is Open to Public Inspection

			Complete all entries in accor	idance with the motivo	ctions to the Form 550	JU-3F.				
	rt I		Identification Information							
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/20	12 -	and ending	12/31/2	2012 			
A T	This ret	urn/report is for:	a single-employer plan	_	lan (not multiemployer)	oyer) a one-participant plan				
Вт	This retu	urn/report is:	the first return/report	the final return/report						
			an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)				
C	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	ım		
			special extension (enter descripti	ion)						
Pa	rt II	Basic Plan Info	rmation—enter all requested inform	nation		1				
	Name o	•	NICO 4044 PLAN			1b	Three-digit			
EAR, I	NOSE	& THROAT PHYS. N.	MISS. 401K PLAN				plan number (PN) ▶	002		
						1c	Effective date of	f plan		
							07/01/	•		
2a EAR,	Plan sp NOSE	oonsor's name and add & THROAT PHYSICIA	dress; include room or suite number (ANS OF NORTH MISSISSIPPI, P.A.	employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 64-0574599				
P.O. E	3OX 21	80				2c	Sponsor's telep			
TUPE	LO, MS	S 38803-2180				2d	Business code (
		dministrator's name an	nd address Same as Plan Sponsor		Sponsor Address	3b	Administrator's I	EIN 74599		
ISSIS	SIPPI,	P.A.	TUPELO, MS			3с	Administrator's t	elephone number		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN										
а		or's name	mber from the last return/report.			4c PN				
5a	Total n	number of participants	at the beginning of the plan year			. 5a 5				
b	Total n	number of participants	at the end of the plan year			- 5b		48		
С			account balances as of the end of the			. 5c		48		
			during the plan year invested in eligil					X Yes No		
b			the annual examination and report of					X Yes No		
			? (See instructions on waiver eligibility ther line 6a or line 6b, the plan can					M Tes INO		
Caut			or incomplete filing of this return/re							
			ner penalties set forth in the instruction					able, a Schedule		
	SB 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 belief, it is true, correct, and complete.									
SIGN		Filed with authorized/\	valid electronic signature.	03/04/2013	J. MONTGOMERY B	MERY BERRY, MD				
HER		Signature of plan ac	dministrator	Date	Enter name of individ	ridual signing as plan administrator				
SIGN										
HERE		Signature of employ		Date	Enter name of individual signing as employer or plan spon					
Prep	arer's i	name (including firm na	ame, if applicable) and address; inclu	de room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)		

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Par	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year				
	Total plan assets	7a	505422				5953133				
	Total plan liabilities	7b		0			0				
	Net plan assets (subtract line 7b from line 7a)	7c	505422	28				59	953133	3	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
	Contributions received or receivable from:		(a) runount				(2)	Total			
	(1) Employers	8a(1)	22581	5							
	(2) Participants	8a(2)	12234	10							
	(3) Others (including rollovers)	8a(3)	50	00							
b	Other income (loss)	8b	62717	' 5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						9	75830)	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7692	!5							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7692	5	
	Net income (loss) (subtract line 8h from line 8c)	8i					898905				
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	, oj									
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	uctions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:			
Don	V Campliana Ovations										
Part	•				V	NI -	I				
10	During the plan year:	C 20-1	and the Caraman Standard and the Standard	ı	Yes	No		Amo	ount		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 1997).	ıciary Corı	rection Program)	10a		X					
	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					5000	000
d	"	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	100		X					
f	instructions.) Has the plan failed to provide any benefit when due under the plan			10e		Χ					
	has the plan falled to provide any benefit when due under the plan	n <i>?</i>		10f							
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 exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	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) and line 11a below)											
11a											
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	ne date of	the le Yea		ling	_
If 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					

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	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 of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

OMB Nos. 1210-0110 Short Form Annual Return/Report of Small Employee Form 5500-SF 1210-0089 **Benefit Plan** Department of the Treasury Internal Revenue Service 2012 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 Department of Labor This Form is Open to Public the Internal Revenue Code (the Code). Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF Part I Annual Report Identification Information 01/01/2012 12/31/2012 and ending For calendar plan year 2012 or fiscal plan year beginning a single-employer plan a one-participant plan a multiple-employer plan (not multiemployer) A This return/report is for: the final return/report the first return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report ☐ DFVC program automatic extension Form 5558 C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number EAR, NOSE & THROAT PHYS. N. MISS. 401K PLAN (PN) > Effective date of plan 07/01/1976 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number EAR, NOSE & THROAT PHYSICIANS OF NORTH MISSISSIPPI, P.A. (EIN) 64-0574599 Sponsor's telephone number P.O. BOX 2180 662-844-7540 2d Business code (see instructions) MS 38803-2180 621111 TUPELO 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 64-0574599 EAR, NOSE & THROAT PHYSICIANS OF NORTH MISSISSIPPI, P.A. 3c Administrator's telephone number 662-844-7540 P.O. BOX 2180 MS TUPELO 38803-2180 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a Total number of participants at the beginning of the plan year 50 5a b Total number of participants at the end of the plan year 5b 48 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not 48 complete this item)..... 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes | No Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under 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 SB 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 belief, it is true, correct, and complete.

SIGN	(UNIDY)	J. Montgomery Berry, MD	
HERE	Signature of plan administrator	Date 3 4 (3) Enter name of individual signing as plan administrator	
SIGN	(MK)	J. Montgomery Berry, MD	
HERE	Signature of employer plan sponsor	Date 3 19113 Enter name of individual signing as employer or plan spon	isor
Preparer's	name (including firm name, if applicable) and addres	s; include room or suite number (optional) Preparer's telephone number (optional)	onal)

Yes X

Page 2 Form 5500-SF 2012 Part III | Financial Information (b) End of Year (a) Beginning of Year Plan Assets and Liabilities 5953133 5054228 7a a Total plan assets b Total plan liabilities..... 7b 5953133 5054228 C Net plan assets (subtract line 7b from line 7a) 7с (a) Amount (b) Total Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 225815 8a(1) (1) Employers 122340 8a(2) (2) Participants..... 500 (3) Others (including rollovers)..... 8a(3) 627175 **b** Other income (loss)..... 8b 975830 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums 76925 8d to provide benefits). e Certain deemed and/or corrective distributions (see instructions). 8e Administrative service providers (salaries, fees, commissions)... 8f 8g g Other expenses..... 76925 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 898905 8i Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)..... 8j Part IV Plan Characteristics 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 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 Yes No Amount During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.) 500000 Х C Was the plan covered by a fidelity bond?..... 10c d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud X 10d or dishonesty?..... e 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 X 10e Х 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 of year end.)..... 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 10h 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 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes [5500) and line 11a below). 11a Enter the amount from Schedule SB line 39.....

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?

a 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

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

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C	Enter the amount contributed by the employer to the plan for this plan year	12	c.						
d	the second secon								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Y	es	No	N/A		
Part									
	Has a resolution to terminate the plan been adopted in any plan year?		Y	′es [X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		а						
b						Yes	Yes X 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.)								
				3c(2) EIN(s)			3) PN(s)		
Part	VIII Trust Information (optional)		-						
					14b Trust's EIN				