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

	Complete all entries in accord	aance witi	1 the instructions to the Form 55	00-SF.					
Pá	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending	12/31/20	011				
Α .	This return/report is for:	a multiple	multiple-employer plan (not multiemployer) a one-participant p						
В	This return/report is:	the final re	eturn/report						
	an amended return/report	a short pla	n year return/report (less than 12 r	nonths)					
C	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	m			
	special extension (enter descriptio	n)							
Pa	urt II Basic Plan Information—enter all requested informa	ation							
1a	Name of plan			1b -	Three-digit				
PROI	FESSIONAL MENTAL HEALTH ASSOCIATES PLLC 401(K) SAFE H	HARBOR I	PLAN		plan number				
					(PN) •	001			
				10	Effective date of 01/01/	•			
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b [Employer Identif	fication Number			
PRO	FESSIONAL MENTAL HEALTH ASSOCIATES, PLLC			((EIN) 27-40	01343			
				2c 3	Sponsor's telept				
	N STATE STREET E 300			24 1					
	SON, MS 39216			Zu	business code (62111	see instructions)			
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	:")	3b /	Administrator's E				
PRO	FESSIONAL MENTAL HEALTH ASSOCIAT 2906 N STATI SUITE 300	E STREE	Γ	0 -		01343			
	JACKSON, M		3C /	Administrator's t 601-366	elephone number 6-3660				
4	If the name and/or EIN of the plan sponsor has changed since the la	report filed for this plan, enter the	4b EIN						
_	name, EIN, and the plan number from the last return/report.		4c PN						
	-	Sponsor's name							
	Total number of participants at the beginning of the plan year			- Ou	<u>5a </u>				
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					
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes No			
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 No			
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.					
<u>га</u>	Plan Assets and Liabilities		(a) Beginning of Veer		/b) End	of Voor			
a	Total plan assets	7a	(a) Beginning of Year 46750		(b) End	87557			
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	46750			87557			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:		į		X** 7				
	(1) Employers	8a(1)	22981						
	(2) Participants	8a(2)	16783						
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	1043						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				40807			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
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							
i	Net income (loss) (subtract line 8h from line 8c)	8i				40807			
j	Transfers to (from) the plan (see instructions)	8j							

Form	5500	-SE	201	•

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Part IV	Plan	L.narac	Teristics

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

\1	.,	Oursellance Oursellance							
art		Compliance Questions							
0		ng the plan year:		Yes	No		Am	ount	
а		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		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported							
		ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
_	If this	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i	If 10	h 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	10ii		X				
art		Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	nloto	Coboo	اسام 95	2 (Form			
•		s a defined benefit plan subject to minimum funding requirements? (if Tes, See instructions and com-						Yes	No
2		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
_		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						1	
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions,	and e	enter th	ne date	of the le	etter ru	ling
	grant	ting the waiver Mon	th					ar	
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		г					
b	Ente	r the minimum required contribution for this plan year			12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d				
е	Will t	he 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							
3a	Has	a resolution to terminate the plan been adopted in any plan year?				res X	No		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?		the co	ontrol			Yes	× No
С	If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)			1	Ш
1		Name of plan(s):		13	c(2) El	IN(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 car	ıse is	estab	lished			
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return to the control of the control					licable,	a Sch	edule
-	<u> </u>								

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	Filed with authorized/valid electronic signature.	09/27/2012	WILLIAM S COOK, JR
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

Service Provider Affidavit

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any other required schedules or attachments, a true and correct PDF copy of the first two pages of the completed Form 5500 or Form 5500-SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury; (3) I advised the plan administrator/employer that by selecting this electronic signature option the PDF image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

Signature of service provider (optional)

09/27/2012 JOEY KATOOL

Date

Enter name of individual signing as service provider

Form 5500-SF

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

OMB Nos. 1210-0110 1210-0089

2011

	oyee Benefits Security Administration of the Internal Revenue Conson Benefit Guaranty Corporation Complete all entries in accordance with the			he Fr	rm 5500_SE		m is Open Inspection		
	rsion Benefit Guaranty Corporation	iiiSu u	CHOIS TO	uic i c	2111 3000 °GF 2	to Fublic	mapection		
	29 755 Title 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			and er	ndina 1	2/31/20	11		
7		mnleve		-		a one-particip			
A B	, <u> </u>			tiiuia	embloken 🗀	a one-particip	ant plan		
D.		-		rt (loc	s than 12 month	hie)			
C	Check box if filling under: X Form 5558 automatic e	•		ıřílés		DFVC progra	m		
	special extension (enter description)	ALEI IOIL	211		ب	Di V.O piogia	111		
P	Pasic Plan Information - enter all requested information								
-	Name of plan	· · · · · · · · · · · · · · · · · · ·	.,	1b	Three-digit				
	OFESSIONAL MENTAL HEALTH ASSOCIATES			'	plan number (F	PN) ▶	001		
	LC 401(K) SAFE HARBOR PLAN			1c	Effective date	of plan			
						1/2010			
2a	Plan sponsor's name and address; include room or suite number (employer, if for single	employ	er plan)	2b	Employer Iden	-	ber (EIN)		
	OFESSIONAL MENTAL HEALTH ASSOCIATES, PLI					001343	. ,		
				2c	Sponsor's tele		ır		
29	06 N STATE STREET			(60	1) 366-	3660			
SU	ITE 300			2 d	Business code	(see instructi	ons)		
JΑ	CKSON MS 39216	· v			6211	12			
3a	Plan administrator's name and address (if same as plan sponsor, enter "Same	")	*	3b	Administrator's	s EIN	•		
SA	ME			<u> </u>			*		
	*			Зс	Administrator's	s telephone nú	ımber		
سنبدتن			<u> </u>				<u></u>		
4 1	the name and/or EIN of the plan sponsor has changed since the last return/rep	ort file	d for this	4b	EIN				
p	an, enter the name, EIN, and the plan number from the last return/report.				>				
а	Sponsor's name			4c	PN				
	and the second s			_		 	··. · · · ·		
	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	b 4				
C	Number of participants with account balances as of the end of the plan year (d			F-		a			
<u></u>	benefit plans do not complete this item)			5c	<u> </u>	4 X Y	DN-		
	Were all of the plan's assets during the plan year invested in eligible assets? (S Are you claiming a waiver of the annual examination and report of an independ					🕰 Ү	es No		
•	Are you claiming a waiver of the annual examination and report of an independ (IQPA) under 29 CFR 2520.104.46? (See instructions on waiver eligibility and c	ent qu	ailled pub	nc ace	countant	₩	es No		
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF	and n	nuct incte	 ad ue	e Form:6500:		es: [] 140		
Da	Financial Information	anu n	ildət illəte	<u> </u>	e i bini coco.				
^{જાા} ંજી 7	Plan Assets and Liabilities	2.00	(a) Be	ainni	ng of Year	(b) End	of Year		
7	Total plan assets	7a		2	46,750	(,	87,557		
	Total plan liabilities	7b	·	· · · · · · · · · · · · · · · · · · ·	3 .	•	••••••		
	Net plan assets (subtract line 7b from line 7a)				46,750		87,557		
	Income, Expenses, and Transfers for this Plan Year		(a) An	nount	(b)	Total		
	Contributions received or receivable from:	- Chambing Art	[<u>`</u>	•			u ve a se e e e		
Ξ.	(f) Employers	8a(1)			22,981				
	(2) Participants	8a(2)			16,783				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b			1,043				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			A SE NO WORK		40,807		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				Carte Sits Sits			
e	Certain deemed and/or corrective distributions (see instructions)	8e			, i				
f	Administrative service providers (salaries, fees, commissions)	8f		٠.					
g	Other expenses	8g			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	8 8 F F						
	Net income (loss) (subtract line 8h from line 8c)	8i	TO SECULIAR DE LA COMPANION DE La companion de la companion d	W.	nout at at at a large		40,807		
-	Transfers to (from) the plan (see instructions)	8j_			Ņ	riespischer in eine gestemblich Der Germannen der Geschaften			

Form	5500-SF (2011)			Page	2-				
Pai	N Plan Characteristics								
	If the plan provides pension benefits, enter the appli	icable pension feature	codes from the List of	Plan (Charac	teristi	c Codes	in the inst	ructions:
	2J 2R 3B 3D	,							
	If the plan provides welfare benefits, enter the application	cable welfare feature o	codes from the List of F	Plan Cl	haract	eristic	Codes i	the instru	ictions:
Pai	t V Compliance Questions								
10	During the plan year:		-		Yes	No		Amoun	<u> </u>
a	Was there a failure to transmit to the plan any participant of	ontributions within the tir	ne period described						
	in 29 CFR 2510.3-102? (See instructions and DOL's Vo			10a		X			
b	Were there any nonexempt transactions with any pa								
	transactions reported on line 10a.)			10b		X			
C	Was the plan covered by a fidelity bond?			10c		X			
	Did the plan have a loss, whether or not reimbursed			ŀ	i .				
	was caused by fraud or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers,	agents, or other perso	ons by an insurance	İ					
	carrier, insurance service or other organization that	provides some or all o	f the benefits under			1			
	the plan? (See instructions.)			10e	.,	X			
Ŧ	Has the plan failed to provide any benefit when due	under the plan?		10f	·	X			
q	Did the plan have any participant loans? (If "Yes," e			10g		X		V-24-141-05-00-0	SV. 10.115-2
h	If this is an individual account plan, was there a blace	kout period? (See ins	tructions		:				Selection of
	and 29 CFR 2520.101-3.)			10h		X		265	
i	If 10h was answered "Yes," check the box if you eith	her provided the requ	red notice or one						
	of the exceptions to providing the notice applied un-			10i	<u> </u>	X		343030.7	
Pai	t VI Pension Funding Compliance	ş							
11	is this a defined benefit plan subject to minimum fur	nding requirements? (f "Yes," see instruction	is and	comp	lete			
	Schedule SB (Form 5500))							Yes	No
12	Is this a defined contribution plan subject to the min	imum funding require	ments of section 412 o	f the (code c	r			
	section 302 of ERISA? (If "Yes," complete 12a or 12	b, 12c, 12d, and 12e	below, as applicable.)	erektska.		•••••	ماعزى ئازىر پائاما ئازىدۇرى ب	Yes	X No
a	If a waiver of the minimum funding standard for a pr	ior year is being amor	tized in this plan year, s	see ins	structio	ons _e ar	nd enter	the date of	the letter
	ruling granting the waiver.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Month			У	<u> </u>	Year	
lf	you completed line 12a, complete lines 3, 9, and 1	0 of Schedule MB (F	orm 5500), and skip to	line 1	13.				
	Enter the minimum required contribution for this plan					12b			
C	Enter the amount contributed by the employer to the	e plan for this plan ye	ar ,			12c			- :
d	Subtract the amount in line 12c from the amount in	line 12b. Enter the res	ult (enter a minus sign	to					
	the left of a negative amount)		*************************	294393449		12d			
e	Will the minimum funding amount reported on line 1	2d be met by the fund	ling deadline?			<u>. 1</u>	'es	No	N/A_
	t VII Plan Terminations and Transfers								
13a	Has a resolution to terminate the plan been adopted	l in any plan year?			engykanna		,	Yes	X No
	If "Yes," enter the amount of any plan assets that re				7.0	13a		 	
b	Were all the plan assets distributed to participants of	or beneficiaries, transf	erred to another plan, o	or brou	ight			—	
	under the control of the PBGC?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			10., 11411449		,,,,,,,,,,,,,	Yes	X No
C	If during this plan year, any assets or liabilities were	transferred from this p	plan to another plan(s),	identi	fy the	plan(s)	to whic	h assets o	- .
	liabilities were transferred. (See instructions.)								
-1	3c(1) Name of plan(s):			_	13c(2)	EIN(s)	13c(3	PN(s)
									
						9			
	tion: A penalty for the late or incomplete filing of t								
Under signed	penalties of perjury and other penalties set forth in the instructions, I'de by an enrolled actuary, as well as the electronic version of this return/n	eclare that I have examined the eport, and to the best of my b	is return/report, including, it as mowledge and belief, it is true,	plicable correct,	a Sche	dule SB nplete.	or Schedul	e MB complet	ed and
					440 m				
SIG		09/28/2012	WILLIAM S C	OOK	<i>,</i> J	R			
HER	Signature of plan administrator	Date	Enter name of Individu	ıal sigi	ning as	s plan	administ	rator	
SIG									
HER	Signature of employer/plan sponsor	Date	Enter name of individu	ıal sigi	ning a	s empl	oyer or	olan spons	or