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).

0040

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in ac	cordance with the instruc	tions to the Form 550	ло-о г.			
	art I		Identification Information						
For	For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012								
Α	This retu	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)	a one-participant plan			
В	This retu	urn/report is:	the first return/report	the final return/report					
			an amended return/report	a short plan year return	n/report (less than 12 m	onths)			
C Check box if filing under: Form 5558 automatic extension DFVC program							m		
			special extension (enter desc	ription)					
Pa	art II	Basic Plan Info	rmation—enter all requested inf	formation					
1a	Name of	of plan				1b	Three-digit		
BLAI	R AND E	BONDURANT, P.A. 40	01(K) PLAN				plan number	004	
						4.	(PN) •	. 001	
						10	plan 2003		
		oonsor's name and add	dress; include room or suite numb	er (employer, if for a single-	employer plan)	2b	2b Employer Identification Number (FIN) 64-0888439		
						-	(=114)		
1368	OLDE	ANNIN ROAD, SUITE	300			2C	Sponsor's teleph 601-992		
BRA	NDON,	MS 39047	300			2d	Business code (see instructions)	
2-				., По в		26	54111		
3a	Plan ac	dministrator's name an	d address XSame as Plan Spons	sor Name Same as Plan	Sponsor Address	30	Administrator's E	EIN	
						3с	Administrator's to	elephone number	
4			e plan sponsor has changed since nber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b	EIN		
а		or's name	ilber from the last return/report.			4c PN			
5a Total number of participants at the beginning of the plan year						5a	a		
b	Total n	number of participants	at the end of the plan year			5b	ib .		
С			account balances as of the end of		•	5c		9	
6a	Were	all of the plan's assets	during the plan year invested in e	eligible assets? (See instruct	tions.)			X Yes No	
b	Are yo	ou claiming a waiver of	the annual examination and report	t of an independent qualifie	d public accountant (IC	PA)			
			(See instructions on waiver eligib					X Yes No	
	If you	answered "No" to ei	ther line 6a or line 6b, the plan o	annot use Form 5500-SF	and must instead use	Form	5500.		
Ca	ution: A	penalty for the late of	or incomplete filing of this return	n/report will be assessed u	unless reasonable car	use is	established.		
			ner penalties set forth in the instruc						
		edule MB completed and rue, correct, and comp	nd signed by an enrolled actuary, a plete.	as well as the electronic vers	sion of this return/repor	t, and t	to the best of my	knowledge and	
010		Filed with authorized/	valid electronic signature.	03/07/2013	SI BONDURANT				
SIG									
		Signature of plan administrator Date Enter name of individ				iuai sig	ining as pian adm	inistrator	
SIG									
		Signature of employer/plan sponsor Date Enter name of individu			vidual signing as employer or plan sponsor Preparer's telephone number (optional)				
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			(οριιοπαι)	riep	arer s rereprione	number (optional)			

Form 5500-SF 2012 Page **2**

Por	t III Financial Information				_			
Par	•		(a) Deninning of Vec				(h) Fud of Voor	
	Plan Assets and Liabilities	_	(a) Beginning of Yea			(b) End of Year		
	Total plan assets	7a	98773	00	+		1280896	
	Net plan assets (subtract line 7b from line 7a)	7b 7c	98773	26			1200006	
		76		00			1280896	
	ncome, Expenses, and Transfers for this Plan Year (a) Amou Contributions received or receivable from:						(b) Total	
	(1) Employers							
	(2) Participants	8a(2)	8245	51				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	14689	95				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					293160	
	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						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					293160	
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	tic Code	es in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cteristic	c Codes	in t	ne 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 contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X		
b				10b		X		
С	Was the plan covered by a fidelity bond?			10c		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		-	10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	-	X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g		X		
i						X		
Part				10i				
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	1a Enter the amount from Schedule SB line 39							
12	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 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 being ranting the waiver.		Mon	ıth		ter th Day	e date of the letter ruling Year	
If y	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.		1 .			
<u>b</u>	Enter the minimum required contribution for this plan year				12	2b		

	Form 5500-SF 2012 Page 3 - 1			
	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 X 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):	l3c(2) ⊟	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

2 Nos, 1210-0110 -Mar. 6. 2013— 9:54AM Short Form Annual Return/Report of Small Employee Form 5500-SF 1210-0089 Benefit Plan Department of the Treasury 2012 Internal Revenue Service 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 Employee Benefits Security Administration the Internal Revenue Code (the Code). 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 and ending 12/31/2012 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 first return/report the final return/report **B** This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVC program C Check box if filing under: Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number Blair and Bondurant, P.A. 401(k) Plan 001 (PN) 1c Effective date of plan 01/01/2003 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Blair and Bondurant, P.A. (EIN) 64-0888439 2c Sponsor's telephone number (601) 992-4477 1368 Old Fannin Road, Suite 300 2d Business code (see instructions) 541110 MS 39047 Brandon 3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number 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..... 8 5a b Total number of participants at the end of the plan year...... 5b C Number of participants with account balances as of the end of the plan year (defined benefit plans do not -6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-467 (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. Si Bondurant SIGN **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE

Date

Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

*...

Page 2

Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
а	Total plan assets	. 7a	987,736			6 1,280,896				
ь	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	. 7c	98'	7,73	6			1,28	0,896	
8	Income, Expenses, and Transfers for this Plan Year	t see	(a) Amount				(b) Tot	al		
a	Contributions received or receivable from: (1) Employers	. 8a(1)	6:	3,81	4	900),				
				2,45	51					
	(3) Others (including rollovers)	8a(3)						7 19	136	
b	Other income (loss)	8b	140	5,89	5	J. 7.	and the state of t	. <u>(1.</u> (1.36)	· · ·	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	The second secon		J.			29	3,160	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			97.7 5.74					
0	Certain deemed and/or corrective distributions (see instructions)	. 8e			7 (%) 					
f	Administrative service providers (salaries, fees, commissions)	8f			1			della e		
g	Other expenses	. 8g	,		100		Markey (r. 1939) Linda (r. 1939)	1974, T		
	Total expenses (add lines 8d, 8e, 8f, and 8g)			ett ett. Tille	en Ige				0	
ī	Net income (loss) (subtract line 8h from line 8c)			Hage.	i.			29	3,160	
丁	Transfers to (from) the plan (see instructions)	8]		·	4			1,413	1 1 1	
Pai	t.IV Plan Characteristics	-,								
	2E 2F 2G 2J 2K 3D									
	b 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	A	mount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Cor	rection Program)	10a		x				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10ъ		х				
C	Was the plan covered by a fidelity bond?			10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х				
e	Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)	ner persor of the ben	ns by an insurance carrier, efits under the plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		x	-			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	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	he require	d notice or one of the	10i		×				
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						3 (Form	Yeş	⊠No	
11a	Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below				 		_, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 1	
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th		letter rul 'ear_	ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul									
	Enter the minimum required contribution for this plan year					12b				
		_								

	Form 5500-SF 2012	` Page 3 -							
	Enter the amount contributed by the employer to the	the plan for this plan year		12c					
d	Subtract the amount in line 12c from the amount in negative amount)	n line 12b. Enter the result (enter a minus sign to th		12d					
e	Will the minimum funding amount reported on line	12d be met by the funding deadline?	***************************************		Yes	No	X N/A		
Part	VII Plan Terminations and Transfers	s of Assets							
13a	Has a resolution to terminate the plan been adopted in	in any plan year?			Yes X	No			
		reverted to the employer this year		13a					
i b	Were all the plan assets distributed to participants of the PBGC?				∏ Ye	s 🗵 No			
С	If during this plan year, any assets or liabilities we which assets or liabilities were transferred. (See in	ere transferred from this plan to another plan(s), ide nstructions.)	ntify the plan(s)	to	•				
	13c(1) Name of plan(s):		1:	3c(2) El	IN(s)	130	3) PN(s)		
Par	t VIII Trust Information (optional)								
14a Name of trust						14b Trust's EIN			