## 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

Pe	nsion Be	nefit Guaranty Corporation	▶ Complete all entries in acco	ordance	with the instruc	tions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Pa	rt I	Annual Report	Identification Information							
For c	alenda	ar plan year 2012 or fis	scal plan year beginning 01/01/20	)12		and ending 1	2/31/2	2012		
		urn/report is for:	a single-employer plan			an (not multiemployer)		a one-partici	oant plan	
ВТ	his ret	urn/report is:	the first return/report	the fir	nal return/report					
an amended return/report a short plan year return/report (less than 12 r							onths)			
<b>C</b> 0	heck b	oox if filing under:	X Form 5558	autom	natic extension			DFVC progra	am	
	special extension (enter description)									
Pai	rt II	Basic Plan Info	rmation—enter all requested inform	mation						
		of plan	onto an requested lines	mation			1b	Three-digit		
			TH ASSOCIATES PLLC 401(K) SAFE	E HARBO	OR PLAN			plan number		
			. ,					(PN) <b>•</b>	001	
							1c	Effective date o	f plan	
								01/01	/2010	
2a I PROF	Plan sp ESSIC	oonsor's name and add ONAL MENTAL HEALT	dress; include room or suite number FH ASSOCIATES, PLLC	(employe	er, if for a single-e	employer plan)	2b	Employer Identi (EIN) 27-40	fication Number 01343	
							2c	Sponsor's telep	hone number	
2906 1	N STA	TE STREET						601-36		
SUITE		AC 20246					2d	Business code (	(see instructions)	
JACK	SON, I	MS 39216						62111	12	
3a	Plan ad	dministrator's name an	id address XSame as Plan Sponsor	r Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN	
							30	Administrator's	telephone number	
							30	Administrators	telepriorie ridiribei	
4	If the n	name and/or EIN of the	e plan sponsor has changed since the	e last ret	urn/report filed fo	r this plan, enter the	4b	EIN		
			nber from the last return/report.		,	, , , , , , , , , , , , , , , , , , , ,	The List			
as	Sponso	or's name					4c	PN		
5a	Total n	number of participants	at the beginning of the plan year				5a		4	
b	Total n	number of participants	at the end of the plan year				5b		4	
С	Numbe	er of participants with a	account balances as of the end of the	e plan ye	ar (defined benef	fit plans do not				
	comple	ete this item)		<u></u>	·····		5c		4	
6a	Were	all of the plan's assets	during the plan year invested in elig	jible asse	ets? (See instruct	ions.)			X Yes No	
			the annual examination and report of						Voc □ No	
			? (See instructions on waiver eligibility ther line 6a or line 6b, the plan car	-	,				X Yes   No	
			or incomplete filing of this return/r							
			ner penalties set forth in the instruction and signed by an enrolled actuary, as a							
		rue, correct, and comp		well as ti	ie electionic vers	ion or this return/repon	i, and	to the best of my	knowledge and	
SIGN		Filed with authorized/\	valid electronic signature.	30	3/26/2013	WILLIAM S COOK, JF	?			
HER	E	Signature of plan ac	dministrator	Di	ate	Enter name of individ	ual sig	ning as plan adr	ninistrator	
SIGN	ı									
HER		Signature of omple	vor/nlan enoneor	-	oto	Enter name of individ	ual air	ning as ampleys	ur or plan cooper	
Pren	arer's	Signature of employ	yer/pian sponsor ame, if applicable) and address; inclu		ate n or suite number	Enter name of individ				
		ARPER, CPA	, appcabio, and dddrood, more		. S. Cano Hallibol	(-6.0)	Preparer's telephone number (optional)			
		AINS, KNIGHT & COM						601-605	o-U/22	
		.AND COLONY PKWY D, MS 39157	, STE 100							
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Dor	t III   Financial Information		<u> </u>						
Par		(a) Pariming of V			1	(h) End of Voor			
	Plan Assets and Liabilities	7-	(a) Beginning of Yea		+-	(b) End of Year			
	Total plan assets	7a 7b	7b 6733				141865		
	Net plan assets (subtract line 7b from line 7a)				+		141865		
				,,,					
	Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)							
	2) Participants								
	Others (including rollovers)								
<u>b</u>	Other income (loss)	8b	1066	31					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					54308		
	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							
<u>g</u>	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
	Net income (loss) (subtract line 8h from line 8c)	8i					54308		
	Transfers to (from) the plan (see instructions)	8j							
Par									
9a 	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								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristic	c Code:	s in tl	ne instructions:		
Part	V Compliance Questions								
10	During the plan year:			1	Yes	No	Amount		
a	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	, uno uni		
b		? (Do not	include transactions reported	10b		X			
c	Was the plan covered by a fidelity bond?			10c		Χ			
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X			
е	or dishonesty?			100					
·	insurance service or other organization that provides some or all of instructions.)	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	s of year e	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X			
i	If 10h was answered "Yes," check the box if you either provided the	f 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				X			
Part				10i					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a	Enter the amount from Schedule SB line 39					1a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)						
	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 granting the waiver								
If :	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-	1			
<u>b</u>	Enter the minimum required contribution for this plan year				1	2b			

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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 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## 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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part   Annual Report Identification into						_		
For calendar plan year 2012 or fiscal plan year beginning	<u> 01/01/20:</u>	<u>12 a</u>	nd end	ing	<u> 12/31/20</u>			
A This return/report is for:	r plan 🔲 a multip	le-employer plan (not	multien	nployer)	a one-participa	ant plan		
B This return/report is:								
an amended retu	ırn/report 🔲 a short	plan year return/repor	t (less t	than 12 mo	onths)			
C Check box if filing under:	automa	tic extension			DFVC progran	1		
- F1	n (enter description)							
Part II Basic Plan Information - enter all re								
1a Name of plan								
PROFESSIONAL MENTAL HEALTH A	SSOCIATES		q p	lan numbe	er (PN)	001		
PLLC 401(K) SAFE HARBOR PLAN		1¢	ffective da	ite of plan				
	•			01/	01/2010			
2a Plan sponsor's name and address; include room or suite n	umber (employer, if for sin	ole-employer plan)	2b	mployer lo	lentification Numb	er (EIN)		
PROFESSIONAL MENTAL HEALTH				. •	4001343			
FROTEDDIONAL HUMINI HERIDIII			2c s		elephone number			
2906 N STATE STREET			\$	-	-3660			
					ode (see instruction	ns)		
JACKSON MS 39	216				.112			
	Plan Sponsor Name X Sami		3h 4	dministrat				
3a Plan administrator's name and address X same as	Plan Sponsor Name 🔼 Sami	e as Plan Sponsor Address	05 /	ummanai	OI 5 LIN			
		•	3c 4	dminietrat	or's telephone nu	mher		
			"	ammona	or s telephone na			
4 If the name and/or EIN of the plan sponsor has chan	and cines the last return	/report filed for this	4b E	IM		··············		
			••• -	-11 4				
plan, enter the name, EIN, and the plan number from	the tast return/report.		4c F	DNI				
a Sponsor's name			10	114				
5a Total number of participants at the beginning of th	nlan yaar		5a		4			
<u> </u>								
b Total number of participants at the end of the plan	year		5b		4			
<ul><li>b Total number of participants at the end of the plan</li><li>c Number of participants with account balances as of</li></ul>	year of the end of the plan ye	ear (defined	5b		4			
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<ul> <li>Total number of participants at the end of the plan</li> <li>Number of participants with account balances as obenefit plans do not complete this item)</li> <li>Were all of the plan's assets during the plan year in</li> </ul>	year  of the end of the plan ye  nvested in eligible asset	ear (defined s? (See instructions.)	5b 5c		4	es N	10	
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Page	2-	Γ

Pa	t III Financial Information									-
	Plan Assets and Liabilities	74.5	(a) Begi	inning	of Ye	ar	(	b) End d	of Yea	er .
	Total plan assets	. 7a			7,5				141	,865
	Total plan liabilities	. 7b								
	Net plan assets (subtract line 7b from line 7a)	7c		8	7,5	57			141	,865
	Income, Expenses, and Transfers for this Plan Year	\$4.50	(a)	Amou	ınt			(b) To	otal	
	Contributions received or receivable from:									
-	(1) Employers	8a(1)						00000		
	(2) Participants	. 8a(2)		4	3,6	47				
	(3) Others (including rollovers)	. 8a(3)						467		974.00 h. 1865
	Other income (loss)	. 8b		1	0,6	61		T-50 (S) (S)		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	्षः । । । । । । । । । । । । । । । । । । ।						54	,308
	Benefits paid (including direct rollovers and insurance premiums to provide		<del></del>							
	and the second s	8d								
_	benefits) Certain deemed and/or corrective distributions (see instructions)	8e						Asia.		
		8f								NAME OF STREET
	Administrative service providers (salaries, fees, commissions)					•		1000000	ali Alm	
	Other expenses	. 8g	44.71 To 1948	S 1220 S	AND THE			(2.71-24.24)	30-536	* 5 **********************************
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. <u>8h</u>		62002448 83686-26	angeres : gan a :	ei George			E /	,308
	Net income (loss) (subtract line 8h from line 8c)	. 8i		<u> </u>	-	34 E W	302504555	144	34	.,300
	Transfers to (from) the plan (see instructions)	<u>   8i_</u>						erana i	•	
Pai 9a	Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feature									
Pai	If the plan provides welfare benefits, enter the applicable welfare feature cont. V Compliance Questions									
10	<u> </u>				Yes	No		Amo	unt	***
	During the plan year:  Was there a failure to transmit to the plan any participant contributions within the time	neriod de	ecribed	1	103	140		Aino	<u> </u>	
a	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corrections and DOL's Voluntary Corrections and DOL's Voluntar			10a		X				
	Were there any nonexempt transactions with any party-in-interest? (Do not i		grann,	104						
U				10b		Х				
_	transactions reported on line 10a.)  Was the plan covered by a fidelity bond?			10c		X				
				100						
a	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bo			40.1		Х				
	was caused by fraud or dishonesty?			10d						
е	Were any fees or commissions paid to any brokers, agents, or other persons									
	carrier, insurance service or other organization that provides some or all of t	ne benet	its under	l l		37				
	the plan? (See instructions.)			10e		X	ļ			
	Has the plan failed to provide any benefit when due under the plan?			10f		X	ļ			
	Did the plan have any participant loans? (If "Yes," enter amount as of year e			10g		X	+ 1 - 1 & -	:328963484	50.7 H 1 P	(Mag Negae a Tan
h	If this is an individual account plan, was there a blackout period? (See instru	etions					1	VE 15		Mariana da
	and 29 CFR 2520.101-3.)			10h		X	188		86 104 Y	<u> </u>
i	If 10h was answered "Yes," check the box if you either provided the require	d notice	or one			_				
	of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i		X				
Pa	tVI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "	'Yes," se	e instructior	ns and	compl	lete				
	Schedule SB (Form 5500) and line 11a below)						*********	Ye	S	No_
11a	Enter the amount from Schedule SB line 39					11a	L			
12	Is this a defined contribution plan subject to the minimum funding requirements of se	ction 412	of the Code o	r sectio	n 302 g	of ERIS	SA?	Ye	S	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applic						L			
а	If a waiver of the minimum funding standard for a prior year is being amortiz		plan year, s	see ins	tructio	ns, a	nd enter	the date	of th	e letter
	ruling granting the waiver.		Month		Day			Year		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For		and skip to	line 1	3					
	Enter the minimum required contribution for this plan year					12b				

## 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.

08/26/2013 JOEY KATOOL

Enter name of individual signing as service provider