

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☒ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>SOUTHWEST AR COUNSELING & MENTAL HEALTH CENTER, INC. RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/1970</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>05/01/1970</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>05/01/1970</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>SOUTHWEST ARKANSAS COUNSELING &</u> <u>2904 ARKANSAS BOULEVARD</u> <u>TEXARKANA, AR 71854</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>71-0526149</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>870-773-4655</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>624100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>71-0526149</u>	2c Sponsor's telephone number <u>870-773-4655</u>	2d Business code (see instructions) <u>624100</u>	
2b Employer Identification Number (EIN) <u>71-0526149</u>					
2c Sponsor's telephone number <u>870-773-4655</u>					
2d Business code (see instructions) <u>624100</u>					

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	10/11/2013 Date	DWIGHT SPERRY 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
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☒ Same as Plan Sponsor Address SOUTHWEST ARKANSAS COUNSELING &		3b Administrator's EIN 71-0526149
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 870-773-4655
5 Total number of participants at the beginning of the plan year		4b EIN 4c PN
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		5 156
a Active participants.....		6a 99
b Retired or separated participants receiving benefits.....		6b
c Other retired or separated participants entitled to future benefits.....		6c 58
d Subtotal. Add lines 6a , 6b , and 6c		6d 157
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e
f Total. Add lines 6d and 6e		6f 157
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 152
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2L		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2012 <hr/> This Form is Open to Public Inspection
--	---	---

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>SOUTHWEST AR COUNSELING & MENTAL HEALTH CENTER, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOUTHWEST ARKANSAS COUNSELING &</u>	D Employer Identification Number (EIN) <u>71-0526149</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier

VALIC ANNUITY LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>74-1625348</u>	<u>70238</u>	<u>68597</u>	<u>152</u>	<u>01/01/2012</u>	<u>12/31/2012</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>5900</u>	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CHRISTOPHER WINTON
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>64</u>			<u>3</u>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

RICHARD COUNTS
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>72</u>			<u>3</u>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LISA EGAN

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
171			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ASIM AWAN

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
446			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

RICHARD PIERCE

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
756			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DAVID COOK

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4391			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1801467
5 Current value of plan's interest under this contract in separate accounts at year end	5	3318296

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	1708388
--	-----------	---------

c Additions: (1) Contributions deposited during the year	7c(1)	125835	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	41828	
(4) Transferred from separate account	7c(4)	61504	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	229167
---------------------------	--------------	--------

d Total of balance and additions (add lines 7b and 7c(6))	7d	1937555
---	-----------	---------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	92087	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	43835	
(4) Other (specify below)	7e(4)	166	

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions	7e(5)	136088
----------------------------	--------------	--------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1801467
---	-----------	---------

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>SOUTHWEST AR COUNSELING & MENTAL HEALTH CENTER, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOUTHWEST ARKANSAS COUNSELING &</u>	D Employer Identification Number (EIN) <u>71-0526149</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

VALIC ANNUITY LIFE INSURANCE CO.

2929 ALLEN PARKWAY
HOUSTON, TX 77019

74-1625348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	SERVICE PROVIDER	4826	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
--	--	---

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan SOUTHWEST AR COUNSELING & MENTAL HEALTH CENTER, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHWEST ARKANSAS COUNSELING &	D Employer Identification Number (EIN) 71-0526149	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14396	15954
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	159058	169898
(9) Value of interest in common/collective trusts.....	1c(9)		0
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2630224	3132444
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1708388	1801467
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4512066	5119763

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4512066	5119763
---	-----------	---------	---------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	180656	
(B) Participants	2a(1)(B)	221116	
(C) Others (including rollovers)	2a(1)(C)	95586	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		497358
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	47711	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		47711
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		379956
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		925025

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	312502	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		312502
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	4826	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4826
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		317328

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		607697
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: THOMAS & THOMAS, LLP

(2) EIN: 71-0271741

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		1000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		1801467
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

5b 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.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

**SOUTHWEST ARKANSAS COUNSELING
AND MENTAL HEALTH CENTER, INC.
403(b) PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTARY SCHEDULES**

**DECEMBER 31, 2012 AND 2011
(WITH INDEPENDENT AUDITORS' REPORTS THEREON)**

SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC. 403(B) PLAN

Table of Contents

	<i><u>Page Number</u></i>
Independent Auditors' Report on Financial Statements	1-2
Financial Statements:	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-11
Supplementary Schedules Required by Employee Retirement Income Security Act (ERISA) and the Department of Labor (DOL)	
Schedule of Assets (Held at End of Year)	12-14
Schedule of Reportable Transactions	15

INDEPENDENT AUDITORS' REPORT ON FINANCIAL STATEMENTS

The Plan Administrator of the
Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan
Texarkana, Arkansas

Report on the Financial Statements

We were engaged to audit the accompanying statements of net assets available for benefits of the Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan (the Plan) as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7 which was certified by The Variable Annuity Life Insurance Company (VALIC), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplementary schedules. We have been informed by the Plan administrator that The Variable Annuity Life Insurance Company (the Trustee) holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2012 and 2011, that the information provided to the Plan administrator by the trustee is complete and accurate.

As described in Note 2, the Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009 as permitted by the Department of Labor's Field Assistance Bulletin (FAB) 2009-02. Investment income and distributions have also been excluded from the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2012. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Disclaimer of Opinion

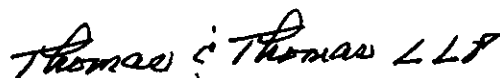
Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of the Plan, which are the responsibility of Plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing in standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of labor's Rules and Regulations for Reporting and disclosure under the Employee Retirement income Security Act of 1974.



CERTIFIED PUBLIC ACCOUNTANTS

Texarkana, Texas
September 3, 2013

FINANCIAL STATEMENTS

Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS

	<i>December 31,</i>	
	<u>2012</u>	<u>2011</u>
Investments, at Fair Value		
Money Market Funds	\$ 15,954	\$ 14,396
Variable Annuity Contracts	3,132,444	2,630,224
Fixed Annuity Contracts	<u>1,801,467</u>	<u>1,708,388</u>
Total Investments	<u>4,949,865</u>	<u>4,353,008</u>
Receivables		
Employers' Contributions	-	-
Participants' Contributions	-	-
Loans to Participants	<u>169,898</u>	<u>159,058</u>
Total Receivables	<u>169,898</u>	<u>159,058</u>
Total Assets	<u>5,119,763</u>	<u>4,512,066</u>

LIABILITIES

Accounts Payable	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u>\$ 5,119,763</u>	<u>\$ 4,512,066</u>

The accompanying notes are an integral part of these financial statements.

Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2012

Additions to Net Assets Attributed to:

Investment income:

Net Appreciation in Fair

Value of Investments

\$ 379,956

Interest

47,711

Total Investment Gain

427,667

Employers' Contributions

180,656

Participants Contributions

221,116

Rollover Contributions

95,586

Other Contributions

-

Total Contributions

497,358

Total Additions

925,025

Deductions from net assets attributed to:

Benefits Paid to Participants

312,502

Administrative Expenses

4,826

Total Deductions

317,328

Net Increase

607,697

Net Assets Available for Benefits:

Beginning of Year

4,512,066

End of Year

\$ 5,119,763

The accompanying notes are an integral part of these financial statements.

SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC. 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2012 and 2011

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

- A. **General** – The Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan is a defined contribution 403(b) plan covering substantially all full-time employees of Southwest Arkansas Counseling and Mental Health Center (the Employer), who have at least one year of service and are age twenty-one or older. Established March 1, 1968, the Plan provides for retirement, death and disability benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- B. **Benefits** – Under the Plan, employees are entitled to distributions equal to their vested benefits at the time of retirement (age 65), termination or disability. Vested benefits will be paid to an employee's beneficiary in the case of death. The Plan Administrator shall direct the trustee to distribute a married participant's vested account balance in the form of a qualified joint and survivor annuity, and an unmarried participant's vested account balance will be paid in the form of a life annuity, unless the participant makes a valid waiver election within the (90) day period ending on the date the Trust will commence benefits.
- C. **Vesting** – Under the Plan, an eligible employee is credited with a year of service upon the completion of 6 months of employment or 1,000 hours of service. Eligible employees are vested in the following manner:
- | | |
|------------------------------|------|
| Less than 3 years of service | 0% |
| 3 years or more | 100% |
- D. **Contributions** – Employees are permitted to make contributions to the Plan by entering into a salary reduction agreement with the Employer, whereby the employee agrees to reduce his or her future salary payments by a specific amount or percentage, and the Employer agrees to apply such salary reduction amounts to an investment arrangement on behalf of the employee.

Employer contributions are discretionary but must adhere to the following:

Contributions are based on each participant's covered compensation and cannot exceed fifteen percent of the employee's covered compensation or the maximum limitation imposed by the Internal Revenue Code, whichever is less.

- E. **Participant Accounts** – Each participant's account is credited with the employees' elective deferrals, Employers' contributions, and plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- F. **Forfeited Accounts** – As of December 31, 2012 and 2011, there were forfeited non-vested accounts which were available to reduce employer contributions in the amount of \$12,141 and \$10,823.

SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC. 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2012 and 2011

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan.

- A. ***Basis of Accounting*** – The financial statements of the Plan are prepared using the accrual basis of accounting.
- B. ***Valuation of Investments*** – FASB ASC 820-10 - *Fair Value Measurements*, requires that investments in financial and nonfinancial assets be reported in a hierarchy which includes the following three different levels:
- Level I - Assets are based on quoted prices or unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access at the Plan's year end.
- Level II - Assets are based on other than quoted prices or adjusted quoted prices of similar assets or liabilities in markets that are not active.
- Level III - Assets are based on unobservable inputs and which shall reflect the Plan's own assumptions about the assets or liabilities.

The fair value hierarchy gives the highest priority to Level I assets and the lowest priority to Level III assets.

Level I Fair value Measurements

Money market funds are valued at cost and are classified as Level I, as these funds are traded on a regular basis.

Level II Fair Value Measurements

Variable annuities contracts are classified as Level II, as the fair value is based on multiple sources of information, which include market data and/or quoted market prices from either markets that are not active or are for the same or similar assets in active markets.

Level III Fair Value Measurements

The Plan offers fixed annuity contracts with the Trustee who maintains contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The Trustee is contractually obligated to repay the principal and accumulated interest based upon the contracted interest rate. The crediting interest rate is based on a formula set by the Trustee, and currently pays from 2% to 6%. The interest rate is reviewed periodically and is reset. The fixed annuity contracts are reported at contract value which equals the cash contributions and interest credited to account, less any withdrawals and fee reductions. Accordingly, transactions in similar investments instruments are not observable.

While transactions involving the purchase and sales of individual fixed annuity contracts are not observable in the public marketplace, contract value has historically provided a good approximation of the fair value. The Plan has provided no reserves against such contract value for credit risk.

SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC. 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2012 and 2011

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

- C. *Use of Estimates* – The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.
- D. *Payment of Benefits* – Benefits are recorded when paid.
- E. *Excluded Contracts and Accounts* – The Plan administrator has elected to exclude certain contracts and accounts from plan assets in accordance with DOL FAB 2009-02 due to the fact that:
- The contract or account was issued to a current or former employee before January 1, 2009;
 - The employer ceased to have any obligation to make contributions (including employee salary reduction contributions), and in fact stopped making contributions to the contract or account balance before January 1, 2009.
 - All the rights under the contract or account are legally enforceable against the insurer by the individual owner of the contract or account without any involvement by the employer; and
 - The individual owner of the contract should be fully vested in the contract or account.
 - If the plan administrator elects to exclude certain contracts in accordance with DOL FAB 2009-02, then the excluded contracts are not in accordance with accounting principles generally accepted in the United States of America and accordingly, it is not intended that these financial statements be presented in accordance with accounting principles generally accepted in the United States of America

NOTE 3 – TAX STATUS

The Internal Revenue Service has not provided a determination letter as it relates to the Plan. The Employer is of the opinion that the Plan and related trust (as restated January 1, 2007) are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC. 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2012 and 2011

NOTE 4 – INVESTMENTS

The investments of the Plan are held by The Variable Annuity Life Insurance Company (VALIC) and are participant directed.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2012 and 2011:

Fair Value Measured at Reported Date Using:				
	Quoted Prices in Active Markets for Identical Assets (Level I)	Significant Other Observable Inputs (Level II)	Significant Unobservable Inputs (Level III)	Fair Value
December 31, 2012				
Money Market Funds	\$ 15,954	\$ -	\$ -	\$ 15,954
Variable Annuity Contracts	-	3,132,444	-	3,132,444
Fixed Annuity Contracts	-	-	1,801,467	1,801,467
Total Assets at Fair Value	<u>\$ 15,954</u>	<u>\$ 3,132,444</u>	<u>\$ 1,801,467</u>	<u>\$ 4,949,865</u>
December 31, 2011				
Money Market Funds	\$ 14,396	\$ -	\$ -	\$ 14,396
Variable Annuity Contracts	-	2,630,224	-	2,630,224
Fixed Annuity Contracts	-	-	1,708,388	1,708,388
Total Assets at Fair Value	<u>\$ 14,396</u>	<u>\$ 2,630,224</u>	<u>\$ 1,708,388</u>	<u>\$ 4,353,008</u>

SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC. 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2012 and 2011

NOTE 4 – INVESTMENTS (Continued)

The following tables reconcile the beginning and ending balances of fair value measurements using significant unobservable inputs (Level III) of the fixed annuity contracts for the years ended December 31, 2012 and 2011:

	<u>December 31, 2012</u>
Beginning Balance	\$ 1,708,388
Total interest earned	41,828
Purchases, Sales, and Settlements:	
Purchases	143,504
Sales	(92,087)
Settlements	(166)
Ending Balance	<u><u>\$ 1,801,467</u></u>
	<u>December 31, 2011</u>
Beginning Balance	\$ 1,513,817
Total interest earned	54,023
Purchases, Sales, and Settlements:	
Purchases	192,740
Sales	(52,063)
Settlements	(129)
Ending Balance	<u><u>\$ 1,708,388</u></u>

During the year ended December 31, 2012 the net appreciation in fair value of investments was \$379,956.

SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC. 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2012 and 2011

NOTE 4 – INVESTMENTS (Continued)

Individual investments that represent five percent or more of the Plan's net assets available for benefits are separately identified below:

	<u>December 31, 2012</u>	<u>December 31, 2011</u>
Level II - Investments at fair value		
VALIC - Strategic Bond Fund	\$ 353,738	\$ 337,340
VALIC - Vanguard Windsor II	304,995	237,599
Level III - Investments at fair value		
VALIC - Fixed Account Plus	1,750,811	1,666,826

NOTE 5 – COMMITMENTS

At December 31, 2012 and 2011, \$1,302,645 and \$1,091,762, respectively, was due to former employees who are deceased, retired, or have terminated employment. These obligations will not be reported as deductions from net assets until payment is made.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts.

NOTE 7 – INFORMATION CERTIFIED BY THE PLAN'S TRUSTEES

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following information included in the accompanying financial statements and supplementary schedules is complete and accurate.

- The total investments as shown in the accompanying Statements of Net Assets Available for Benefits of \$4,949,865 and \$4,353,008 as of December 31, 2012 and 2011, respectively.
- The total loans to participants as shown in the accompanying Statement of Net Assets Available for Benefits of \$169,898 and \$159,058 as of December 31, 2012 and 2011, respectively.
- The total investment gain as shown in the accompanying Statement of Net Assets Available for Benefits of \$427,667 for the year ended December 31, 2012.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplementary schedules.

SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC. 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2012 and 2011

NOTE 8 – RELATED PARTY/PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of variable annuity contracts, fixed annuity contracts and money market funds which are managed by The Variable Annuity Life Insurance Company (VALIC), the trustee as defined by the Plan and, therefore, qualifies as a party-in-interest.

NOTE 9 – CONTINGENCY

The Plan invests in various investment securities which are exposed to risks such as interest rate changes, market fluctuations and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

NOTE 11– UNCERTAIN TAX POSITIONS

On January 1, 2009, the Plan adopted the recent accounting guidance related to accounting for uncertainty in income taxes, which sets out a consistent framework to determine the appropriate level of tax reserves to maintain for uncertain tax positions. The Plan administration has evaluated its position regarding the accounting for uncertain income tax positions and recognizes the effect of income tax positions only if the positions are more likely than not of being sustained. Recognized income tax positions are recorded at the largest amount that is greater than 50% likely of being realized. Changes in the recognition or measurement are reflected in the period in which the change in judgment occurs. Plan administration does not believe that it has any material uncertain tax positions. With few exceptions, the Plan is no longer subject to federal, state, or local tax examinations by tax authorities for years before 2009.

NOTE 12– SUBSEQUENT EVENTS

In accordance with FASB ASC 855-10 - *Subsequent Events*, which requires disclosure of the date through which the Plan has evaluated subsequent events, the Plan has evaluated events through September 3, 2013, the date for which the financial statements were available for issue and has determined that no additional disclosures are necessary.

**SUPPLEMENTARY SCHEDULES REQUIRED BY
EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA)
AND THE DEPARTMENT OF LABOR (DOL)**

Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Form 5500, Schedule H, Part IV, Line 4i)

December 31, 2012

EIN 75-1289172

Plan Number 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including maturity date, interest rate, collateral, par or maturity value	(d) Cost	(e) Current Value
	<u>Money Market Funds</u>			
*	Money Market Fund I	Money Market Fund	\$ 14,207	\$ 14,207
*	Money Market Fund II	Money Market Fund	1,747	1,747
	Total Money Market Funds		<u>15,954</u>	<u>15,954</u>
	<u>Fixed Annuity Contracts</u>			
*	Fixed Account Plus	Fixed Annuity Contracts	Not Available	1,750,811
*	Short Term Fixed Account	Fixed Annuity Contracts	Not Available	50,656
	Total Guaranteed Investment Contracts		<u>-</u>	<u>1,801,467</u>
	<u>Variable Annuity Contracts</u>			
*	Ariel Appreciation Fund	Variable Annuity Contracts	Not Available	919
*	Blue Chip Growth Fund	Variable Annuity Contracts	Not Available	45,770
*	Capital Appreciation Fund	Variable Annuity Contracts	Not Available	697
*	Conservative Growth Lifestyle	Variable Annuity Contracts	Not Available	81,912
*	Core Bond Fund	Variable Annuity Contracts	Not Available	13,766
*	Dividend Value	Variable Annuity Contracts	Not Available	7,186
*	Emerging Economies	Variable Annuity Contracts	Not Available	49,988
*	Foreign Value	Variable Annuity Contracts	Not Available	59,345
*	Global Real Estate Fund	Variable Annuity Contracts	Not Available	111,463
*	Global Social Awareness Fund	Variable Annuity Contracts	Not Available	10,097
*	Global Strategy	Variable Annuity Contracts	Not Available	121,226
*	Government Securities Fund	Variable Annuity Contracts	Not Available	7,815
*	Growth & Income Fund	Variable Annuity Contracts	Not Available	10,082
*	Health Sciences Fund	Variable Annuity Contracts	Not Available	52,533
*	High Yield Bond Fund	Variable Annuity Contracts	Not Available	6,520

Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Form 5500, Schedule H, Part IV, Line 4i)

December 31, 2012

EIN 75-1289172

Plan Number 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including maturity date, interest rate, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Inflation Protected Fund	Variable Annuity Contracts	Not Available	8,292
*	International Equities Fund	Variable Annuity Contracts	Not Available	105,641
*	International Growth Fund	Variable Annuity Contracts	Not Available	162,284
*	International Opportunities	Variable Annuity Contracts	Not Available	83,344
*	Invesco Balanced Risk Commodity Fund	Variable Annuity Contracts	Not Available	28,758
*	Large Cap Core	Variable Annuity Contracts	Not Available	11,061
*	Large Cap Value Fund	Variable Annuity Contracts	Not Available	144,708
*	Large Capital Growth	Variable Annuity Contracts	Not Available	799
*	Mid Cap Growth Fund	Variable Annuity Contracts	Not Available	53,347
*	Mid Cap Index Fund	Variable Annuity Contracts	Not Available	140,499
*	Mid Cap Strategic Growth	Variable Annuity Contracts	Not Available	141,117
*	Mid Cap Value Fund	Variable Annuity Contracts	Not Available	185,777
*	Moderate Growth Lifestyle	Variable Annuity Contracts	Not Available	23,572
*	Nasdaq-100® Index Fund	Variable Annuity Contracts	Not Available	40,548
*	Science & Technology Fund	Variable Annuity Contracts	Not Available	260
*	Small Cap Aggressive Growth	Variable Annuity Contracts	Not Available	3,540
*	Small Cap Fund	Variable Annuity Contracts	Not Available	1,163
*	Small Cap Growth Fund	Variable Annuity Contracts	Not Available	246
*	Small Cap Index Fund	Variable Annuity Contracts	Not Available	69,775
*	Small Cap Special Value Fund	Variable Annuity Contracts	Not Available	3,318
*	Small Cap Value Fund	Variable Annuity Contracts	Not Available	187,422
*	Socially Responsible Fund	Variable Annuity Contracts	Not Available	127,817
*	Stock Index Fund	Variable Annuity Contracts	Not Available	244,136
*	Strategic Bond Fund	Variable Annuity Contracts	Not Available	353,738
*	Value Fund	Variable Annuity Contracts	Not Available	13,471
*	Vanguard Life strategy Conservative	Variable Annuity Contracts	Not Available	13,477

Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Form 5500, Schedule H, Part IV, Line 4i)

December 31, 2012

EIN 75-1289172

Plan Number 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including maturity date, interest rate, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Vanguard Life strategy Growth	Variable Annuity Contracts	Not Available	\$ 53,537
*	Vanguard Long-term Treasury	Variable Annuity Contracts	Not Available	41,955
*	Vanguard LT In-Grade Fund	Variable Annuity Contracts	Not Available	3,221
*	Vanguard Wellington Fund, INC	Variable Annuity Contracts	Not Available	1,307
*	Vanguard Windsor II	Variable Annuity Contracts	Not Available	304,995
	Total Annuities		-	3,132,444
	Total Investments		15,954	4,949,865
	Loans to Participants			
*	Participant Loans	Interest Rate of 3%	-	167,248
*	Loan Escrow Fund	Interest Rate of 3%	-	2,650
	Total Loans to Participants		-	169,898
	Total Investments and Loans to Participants		\$ 15,954	\$ 5,119,763

* Party-in-Interest Transaction

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan

SCHEDULE OF REPORTABLE TRANSACTIONS

(Form 5500, Schedule H, Part IV, Line 4j)

December 31, 2012

EIN 75-1289172

Plan Number 001

(a) Identity of Party Involved	(b) Description of Assets (Include Interest Rate and Maturity in case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
--------------------------------	--	--------------------	-------------------	------------------	--	-------------------	--	------------------------

None Noted

All Transactions are Party-in-Interest Transactions.

Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Form 5500, Schedule H, Part IV, Line 4i)

December 31, 2012

EIN 75-1289172

Plan Number 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including maturity date, interest rate, collateral, par or maturity value	(d) Cost	(e) Current Value
	Money Market Funds			
*	Money Market Fund I	Money Market Fund	\$ 14,207	\$ 14,207
*	Money Market Fund II	Money Market Fund	1,747	1,747
	Total Money Market Funds		15,954	15,954
	Fixed Annuity Contracts			
*	Fixed Account Plus	Fixed Annuity Contracts	Not Available	1,750,811
*	Short Term Fixed Account	Fixed Annuity Contracts	Not Available	50,656
	Total Guaranteed Investment Contracts		-	1,801,467
	Variable Annuity Contracts			
*	Ariel Appreciation Fund	Variable Annuity Contracts	Not Available	919
*	Blue Chip Growth Fund	Variable Annuity Contracts	Not Available	45,770
*	Capital Appreciation Fund	Variable Annuity Contracts	Not Available	697
*	Conservative Growth Lifestyle	Variable Annuity Contracts	Not Available	81,912
*	Core Bond Fund	Variable Annuity Contracts	Not Available	13,766
*	Dividend Value	Variable Annuity Contracts	Not Available	7,186
*	Emerging Economies	Variable Annuity Contracts	Not Available	49,988
*	Foreign Value	Variable Annuity Contracts	Not Available	59,345
*	Global Real Estate Fund	Variable Annuity Contracts	Not Available	111,463
*	Global Social Awareness Fund	Variable Annuity Contracts	Not Available	10,097
*	Global Strategy	Variable Annuity Contracts	Not Available	121,226
*	Government Securities Fund	Variable Annuity Contracts	Not Available	7,815
*	Growth & Income Fund	Variable Annuity Contracts	Not Available	10,082
*	Health Sciences Fund	Variable Annuity Contracts	Not Available	52,533
*	High Yield Bond Fund	Variable Annuity Contracts	Not Available	6,520

Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Form 5500, Schedule H, Part IV, Line 4f)

December 31, 2012

EIN 75-1289172

Plan Number 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including maturity date, interest rate, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Inflation Protected Fund	Variable Annuity Contracts	Not Available	8,292
*	International Equities Fund	Variable Annuity Contracts	Not Available	105,641
*	International Growth Fund	Variable Annuity Contracts	Not Available	162,284
*	International Opportunities	Variable Annuity Contracts	Not Available	83,344
*	Invesco Balanced Risk Commodity Fund	Variable Annuity Contracts	Not Available	28,758
*	Large Cap Core	Variable Annuity Contracts	Not Available	11,061
*	Large Cap Value Fund	Variable Annuity Contracts	Not Available	144,708
*	Large Capital Growth	Variable Annuity Contracts	Not Available	799
*	Mid Cap Growth Fund	Variable Annuity Contracts	Not Available	53,347
*	Mid Cap Index Fund	Variable Annuity Contracts	Not Available	140,499
*	Mid Cap Strategic Growth	Variable Annuity Contracts	Not Available	141,117
*	Mid Cap Value Fund	Variable Annuity Contracts	Not Available	185,777
*	Moderate Growth Lifestyle	Variable Annuity Contracts	Not Available	23,572
*	Nasdaq-100® Index Fund	Variable Annuity Contracts	Not Available	40,548
*	Science & Technology Fund	Variable Annuity Contracts	Not Available	260
*	Small Cap Aggressive Growth	Variable Annuity Contracts	Not Available	3,540
*	Small Cap Fund	Variable Annuity Contracts	Not Available	1,163
*	Small Cap Growth Fund	Variable Annuity Contracts	Not Available	246
*	Small Cap Index Fund	Variable Annuity Contracts	Not Available	69,775
*	Small Cap Special Value Fund	Variable Annuity Contracts	Not Available	3,318
*	Small Cap Value Fund	Variable Annuity Contracts	Not Available	187,422
*	Socially Responsible Fund	Variable Annuity Contracts	Not Available	127,817
*	Stock Index Fund	Variable Annuity Contracts	Not Available	244,136
*	Strategic Bond Fund	Variable Annuity Contracts	Not Available	353,738
*	Value Fund	Variable Annuity Contracts	Not Available	13,471
*	Vanguard Life strategy Conservative	Variable Annuity Contracts	Not Available	13,477

Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Form 5500, Schedule H, Part IV, Line 4i)

December 31, 2012

EIN 75-1289172

Plan Number 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including maturity date, interest rate, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Vanguard Life strategy Growth	Variable Annuity Contracts	Not Available	\$ 53,537
*	Vanguard Long-term Treasury	Variable Annuity Contracts	Not Available	41,955
*	Vanguard LT In-Grade Fund	Variable Annuity Contracts	Not Available	3,221
*	Vanguard Wellington Fund, INC	Variable Annuity Contracts	Not Available	1,307
*	Vanguard Windsor II	Variable Annuity Contracts	Not Available	304,995
	Total Annuities			<u>3,132,444</u>
	Total Investments		<u>15,954</u>	<u>4,949,865</u>
	Loans to Participants			
*	Participant Loans	Interest Rate of 3%	-	167,248
*	Loan Escrow Fund	Interest Rate of 3%	-	2,650
	Total Loans to Participants			<u>169,898</u>
	Total Investments and Loans to Participants		<u>\$ 15,954</u>	<u>\$ 5,119,763</u>

* Party-in-Interest Transaction

The information in this schedule has been certified as to its completeness and accuracy by the Trustee.