Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

			Complete all entries in ac	cordance with the monde	tions to the Form 550	0-31 .			
	Part I		Identification Information						
Fo	r calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	2012	and ending	12/31/2	2012		
Α	This ret	urn/report is for:	X a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan	
В	This ret	urn/report is:	the first return/report	the final return/report					
			an amended return/report	a short plan year return	/report (less than 12 m	onths)			
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	m	
		· ·	special extension (enter descr	ription)			_		
Р	art II	Basic Plan Info	rmation—enter all requested inf	ormation					
	Name					1b	Three-digit		
		•	PROFIT SHARING PLAN				plan number		
							(PN) ▶	001	
						1c	Effective date of	•	
						-	01/01/	/1998	
		consor's name and add ON SANDERS, L.L.C.	dress; include room or suite number	er (employer, if for a single-	employer plan)	2b	Employer Identif		
****	1111101	ON ONNE ELE.O.				_	(EIN) 64-08		
						2C	Sponsor's telep		
		SHARPE AVENUE D, MS 38732				24			
		,				Zu	Business code (
3:	Plan ad	dministrator's name an	nd address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3h	Administrator's I		
	· i idii d		la address pame as rian opene	Jointaine Daine as rian	oponioor / taaress		/ diministrator o i		
						3с	Administrator's t	elephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the					r this plan, enter the	4b EIN			
		EIN, and the plan nur or's name	mber from the last return/report.			4c	DNI		
	•		at the beginning of the plan year			+		15	
			0 0 1 7			5a			
K			at the end of the plan year			5b		15	
C			account balances as of the end of t		•	5c		15	
62		,	s during the plan year invested in e					X Yes No	
k		•	f the annual examination and repor	•	,				
	under	29 CFR 2520.104-46?	? (See instructions on waiver eligib	ility and conditions.)				X Yes No	
	If you	answered "No" to ei	ther line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form	5500.		
Ca	ution: A	penalty for the late of	or incomplete filing of this returr	n/report will be assessed u	ınless reasonable cau	use is	established.		
	•	, , ,	her penalties set forth in the instruc	•			O, 11	,	
		edule MB completed ar crue, correct, and comp	nd signed by an enrolled actuary, a	is well as the electronic vers	sion of this return/report	t, and	to the best of my	knowledge and	
-		irdo, oorroot, and oorri							
	GN	Filed with authorized/	valid electronic signature.	10/11/2013	LAMAR TAYLOR				
HE	RE	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ıning as plan adn	ninistrator	
	GN	Filed with authorized/	valid electronic signature.	10/11/2013	LAMAR TAYLOR				
HE	RE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor	
Pr	eparer's i	name (including firm n	ame, if applicable) and address; in	clude room or suite number	(optional)	Prep	arer's telephone	number (optional)	

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D	A III Celebrate College		-						
	t III Financial Information				\top			.,	
	Plan Assets and Liabilities	_	(a) Beginning of Yea	(a) Beginning of Year			(b) End of		-
	Total plan liabilities				-			87778	/
	Total plan liabilities	7b	74200	743089				07770	7
	Net plan assets (subtract line 7b from line 7a)	7c					4) = 4	87778	<u>/</u>
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			(b) Total			
а	(1) Employers	8a(1)	8000	0					
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	· · · · · · · · · · · · · · · · · · ·							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						15045	6
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1575	8					
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						1575	8
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						13469	8
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 f 2H 3E	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructio	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	des in t	he instruction	3:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Aı	nount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X			
С	Was the plan covered by a fidelity bond?			10c		X			
d		fidelity bo	nd, that was caused by fraud	10d		X			
е				100					
·	insurance service or other organization that provides some or all o								
	instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the plan	า?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)							Yes	X 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, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ıg amortiz	ed in this plan year, see instru		and e	enter th		letter ru	ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule								
	Enter the minimum required contribution for this plan year	-	· · · · · · · · · · · · · · · · · · ·			12b			

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

5500-SF Electronic Filing Authorization

Plan Name: Whittington Sanders, L.L.C. Profit Sharing Plan

(date)

EIN/PN:	64-0854535/001	
Plan Year:	01/01/2012 - 12/31/2012	
-	orize Linda Crawford at Nail McKinr epartment of Labor's Electronic Fil	ney P A to electronically file the above return ling $Acceptance\ System\ (EFAST)$.
bearing my mar		understand a scanned copy of this return the electronic filing and posted on the ic disclosure.
Plan Administ:	rator	Plan Sponsor
(sign)		(sign)

(date)

P.002/005

OMB Nos. 1210-0110 1210-0089

2012

Form 5500-SF

Department of the Tressury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration 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 section 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.

This Form is Open to Public Inspection

Rartia Annual Report Identification Information						
For calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/2012			
A This return/report is for: a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-participant plan			
B This return/report is:	the final return/report					
an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)			
C Check box if filing under: 🔀 Form 5558	automatic extension		☐ DFVC program			
special extension (enter descrip	otion)		decount*			
Partill Basic Plan Information enter all requested in	· ·					
1a Name of plan			1b Three-digit			
,	. W11 m.m.		plan number			
Whittington Sanders, L.L.C. Profit Sharing	FTWI		(PN) ► 001 1C Effective date of plan			
			01/01/1998			
2a Plan sponsor's name and address; include room or suite numbe WHITTINGTON SANDERS, L.L.C.	er (employer, if for a single	e-employer plan)	2b Employer Identification Number (EIN) 64-0854535			
:			2C Sponsor's telephone number			
229 NORTH SHARPE AVENUE			(601) 843-3626			
and hypers desired strained.			2d Business code (see instructions)			
US CLEVELAND MS 38732			111900			
3a Plan administrator's name and address 🗶 Same as Plan Spo	nsor Name 🔲 Same as l	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 to name, EIN, and the plan number from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN			
a Sponsor's name	4c PN					
5a Total number of participants at the beginning of the plan year			5a 15			
b Total number of participants at the end of the plan year			5b 15			
C Number of participants with account balances as of the end of the complete this item)	he plan year (defined ben	efit plans do not	5c 15			
6a Were all of the plan's assets during the plan year invested in ell	gible assets? (See instruc	tions.)	XYes			
Are you claiming a waiver of the annual examination and report	of an independent qualific	ed public accountant (IQI				
under 29 CFR 2520.104-467 (See Instructions on walver eligibili	******	***************************************				
if you answered "No" to either line 6s or line 6b, the plan or		1 A. R. M. L. M.				
Caution: A penalty for the late or incomplete filing of this return						
Under penalties of perjuny and other penalties set forth in the instruction SB or Schedule MB completed and signed by an enrolled actuary, a belief, it is true, corregt, and complete.	ations, a declare that I have so well as the electronic vi	e examined this return/repor	rport, including, it applicable, a Schedule rt, and to the best of my knowledge and			
SIGNI HERE eigneture of plan administrator	15-11-13	Lamar Taylor				
HERE Beauting of plan administrator	Date					
ISIGN /		Fire name of molylons	al signing as plan administrator			
WILEDE						
Description of the bridge of the same is a substitute of the same in the same of the same is a substitute of the s	lai signing as employer or plan sponsor					
i rispersi e name unciucino ilmi name, il applicacieli and accress: in	clude room at suite numb	er (ootional)	l Prenarer's telenhone number (ontional)			
Preparer's name (including firm name, if applicable) and address; in	clude room or suite numb	er (optional)	Preparer's telephone number (optional)			
rrepaie: e taine (including tim name, il applicable) and address; in	clude room or suite numb	er (optional)	Preparer's telephone number (optional)			
rrepare: e tame (including tim name, il applicable) and address; in	clude room or suite numb	er (optional)	Preparer's telephone number (optional)			
rrepare: e tame (moldong tim name, it applicable) and address; in	clude room or suite numb	er (optional)	Preparer's telephone number (optional)			

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Pa	tillia Financial Information	·							
7	Plan Assets and Liabilities	新型型線	(a) Beginning of Year		(b) End of Year				
<u>a</u>	Total plan assets	7 2	743,089				877,797		
b	Totel plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	743,00		877,787			<i>f</i>	
-	Income, Expenses, and Transfers for this Plan Year	对新 图15				(b) Total			
	Contributions received or receivable from:				1				
	(1) Employers	8a(1)	90,00	10	\$0.000 100.000			#134A	
	(2) Participants	8a(2)			100 A 100 A	THE STATE OF	Committee of the Commit		
	(3) Others (including rollovers)	8a(3)						Back (vi)	St. St.
***************************************	Other income (loss)	85	70,4			制機定			(MAC)
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			O COMPANY	mule was		150,456	<u>;</u>
	to provide benefits)	8d	15,7	8					
e	Certain deemed and/or corrective distributions (see instructions)	8e			122				
<u>f</u> _	Administrative service providers (salaries, fees, commissions)	8f			100				
9	Other expenses	89						电频均均 线	123
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	有於解放為物質的有效		ď.			15,758	<u> </u>
	Net income (loss) (subtract line 8h from line 8c)	8i	等於我們所以關係的關係的關係		ķ			134,698	
	Transfers to (from) the plan (see Instructions)	8]			787	1000	洲的有限	计划的数 数	中學
Pa	HIV Plan Characteristics								-
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2H 3E b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
	Part Visi Compliance Questions								
10	During the plan year:		T	Yes	No	A	mount		
<u>a</u>	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ction Program)	10a		×			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	106		x			
C				10c		х			***************************************
d		fidelity bor	nd, that was caused by fraud	10d		x			***************************************
e		er persons of the bene	by an Insurance carrier, afits under the plan? (See	10e		x			
	Has the plan falled to provide any benefit when due under the pla			400	├				***************************************
		**********	The state of the s	101		X			
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	and.)	10g		x			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x			
ı	if 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required	i notice or one of the	101					
Pai	Nil Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If "	Yes," see instructions and com	plete	Sched	iule SI	B (Form	Yes X	No
118	Enter the smount from Schedule SB line 39					11a			·*************
12	is this a defined contribution plan subject to the minimum funding		V-2-0-1-2-				ERISA?	Yes 🗷	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	If a waiver of the minimum funding standard for a prior year is bei granting the waiver	ng emortiz	ed in this plan year, see instruc	tions, ith	and e	nter th Da	ne date of th	e letter ruling Year	******
if:	if you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 8500), and skip to line 13.								
	Enter the minimum required contribution for this plan year			*8648244		126			
								·	

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				- 1×6IV.		
C	Enter the amount contributed by the employer to the plan for this plan year	7) x 5 y 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)		12d			
e	Will the minimum funding amount reported on line 12d be met by the funding dea	dline?		Yes [No [□ N/A
Pari	VIII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	\$	□ Y	98 X N	lo	
	If "Yes," enter the amount of any plan assets that reverted to the employer this ye		, 13a			
b					☐ Yes [X No
C	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), identify the plan(s) to)		_	
-	3c(1) Name of plan(s):	130	(2) EIN	(8)	13c(3)	PN(s)
Part	Viii Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				