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

2013

This Form is Open to Public Inspection

		Complete all entries in accord	ance with the instruc	tions to the Form 550	<i>I</i> U-5F.		
Part I	_	Identification Information					
For calen	dar plan year 2013 or fis	scal plan year beginning 01/01/2013		and ending	12/31/2	2013	
A This re	eturn/report is for:	x a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	short plan year returi	n/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter description	1)				
Part II	Basic Plan Info	rmation—enter all requested informa	tion				
1a Name	e of plan				1b	Three-digit	
BLAIR AND	BONDURANT, P.A. 40	01(K) PLAN				plan number	004
					10	(PN) •	001 f nlan
					10	Effective date of 01/01/	
	sponsor's name and add D BONDURANT, P.A.	dress; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identif	fication Number
					2c	Sponsor's telep	hone number
1368 OLD	FANNIN ROAD, SUITE	300				601-992	
BRANDON	, MS 39047				2d	Business code (54111	
3a Plan	administrator's name an	nd address XSame as Plan Sponsor Na	ame Same as Plar	Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's t	telephone number
						, tarrimion at a to	iolophono nambor
		e plan sponsor has changed since the la mber from the last return/report.	st return/report filed fo	or this plan, enter the	4b	EIN	
	sor's name	niber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a		9
b Total	number of participants	at the end of the plan year			5b		9
		account balances as of the end of the pl	• •	•	5c		9
	,	s during the plan year invested in eligible			`		X Yes □ No
		the annual examination and report of a					M 163 [] 140
unde	r 29 CFR 2520.104-46?	? (See instructions on waiver eligibility a	nd conditions.)				X Yes No
If yo	u answered "No" to ei	ther line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form	5500.	
C If the	plan is a defined benefi	it plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)?		Yes No	Not determined
Caution	Δ nenalty for the late (or incomplete filing of this return/repo	ort will be assessed	inless reasonable ca	use is	established	
	· · · · · · · · · · · · · · · · · · ·	ner penalties set forth in the instructions					able a Schedule
SB or Sch		nd signed by an enrolled actuary, as we					
SIGN	Filed with authorized/	valid electronic signature.	02/12/2014	SIBONDURANT			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	gning as plan adn	ninistrator
SIGN							
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	lual sid	ning as employe	r or plan sponsor
Preparer's		ame, if applicable) and address; include					number (optional)

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ar	
a	Total plan assets	7a	128089		1741525					5
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	128089	6				17	41525	j
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal		
	Contributions received or receivable from:		(a) Amount				(6) 1	otai		
	(1) Employers	8a(1)	6504	2						
	(2) Participants	8a(2)	8147	'8						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	31416	7						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	60687	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e	5	8						
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							58	3
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						4	60629	9
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	:	
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	ount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Х		7		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		Х				
						Χ				
C				10c						
d	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	•	•							
	instructions.)		' '	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end)	10q		Χ				
h		(See instru	uctions and 29 CFR	10g		X				
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	10ii		X				
Dowl	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		101						
Part	<u> </u>		V II instructions and		Cabaa	OF) /Farms			
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)				<u>.</u>				Yes	X No
	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		-		
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and e	enter th Day	ne date of t	he le Yea		ling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>		Ī			
b	Enter the minimum required contribution for this plan year					12b				

Page	3 -		1
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С	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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a Name of trust				

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	Complete all entries in acco		Mone to the Form 550	n_SE	ក្រេង	pection
		Campiete all entries in acco	rdance with the insult	CHOUR to the Louis 200	U-GF. (
Part I		t Identification Information (Iscal plan year beginning	01/01/2013	and ending		12/31/201	٦
						a one-participa	
	turn/report is for:	x a single-employer plan		lan (not multiemployer)	Ц	a on o particip	ant plan
B This re	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retun	n/report (less than 12 m	onlhs)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC program	m
- 0	Post it thing street	special extension (enter descript	ion)				
in the action is	D-sta Dlan Infe			<u> </u>			
Part II		ormation—enter all requested Inform	nauon	 -	1b Tt	hree-digit	
1a Name						en number	
Blai	r and Bondura	ant, P.A. 401(k) Plan			(P	N) •	001
					1c Ef	ffective date of	plan
					0.3	1/01/2003	
2a Planis	ponsor's name and a	ddress; include room or suite number ((employer, if for a single-	employer plan)	2b En	nployer Identifi	ication Number
Blai	r and Bondura	int, P.A.			<u>(</u> El	IN) 64-088	3 4 39
						ponsor's teleph	
					(6	501) 992-	4477
1368	Old Fannin R	Road, Suite 300			2d Bu	isiness code (s	see instructions)
Bran	don		MS	39047	54	41110	
3a Plan a	idministrator's name a	and address XSame as Plan Sponsor	Name Same as Plar	Sponsor Address	3b Ad	dministrator's E	IN
				e e	3C Ad	iministrator's te	slephone number
					ļ		
4 If the	name and/or EIN of th	ne plan sponsor has changed since the	last return/report filed fo	or this plan, enter the	4b EII	N	
		imber from the last return/report.			4	k i	
	or's name			_	4c PN	N	
		s at the beginning of the plan year			5a		9
b Total	number of participants	s at the end of the plan year			5b		9
c Numb	er of participants with	account balances as of the end of the	plan year (defined bene	fit plans do not			
comp	lete this item),		<u></u>		5c		_
6a Were	all of the plan's asset	ts during the plan year invested in eligi	ible assets? (See instruc	tions.)			x Yes ☐ No
b Are yo	ou daiming a waiver o	of the annual examination and report o	f an Independent qualifie	d public accountant (IQ	PA)		X Yes ∏ No
under	29 CFR 2520.104-46	6? (See instructions on waiver eligibility	and conditions.)				M 162 □ 10
		elther line 6a or line 6b, the plan can					
c If the p	plan is a defined bene	fit plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)7	Y	es No	Nol determined
Caution: A	analty for the late	or incomplete filing of this return/re	nort will be assessed	uniess reasonable cau	ıse is əsl	lablished.	
Caudon: A	- penalty for the late	ther penalties set forth in the instruction	on I declare that I have	avamined this rehundrer	ort inclu	iding, if applica	hle a Schedule
SB or Sche	aitles of perjury and o edule MB completed a	and signed by an enrolled actuary, as v	well as the electronic ver	sion of this return/report	, and to U	ne best of my l	knowledge and
belief, it is	true, correct, and com	plete.		•			
	·		- 1 -2 /2 /44 -				
SIGN	OIM.	phillet	46/19	si Bondurant			
HERE	Signature of plan a	administrator	Date /	Enter name of individu	ual signin	ıg as plan adm	inistrator
SIGN	-	<u> </u>	'				
UEDE TOTAL T							or plan enonenc
ľ	Signature of emplo	oyer/plan sponsor name, if applicable) and address; inclu	Date				number (optional)
Preparer s	name (including firm i	лате, в аррисаріе) апо аччівъв, поч	ide foom of saile nampe	(opgoniz)	i Topai-		(4)-1
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					F 4 1 15		
					7 - 4, 5		

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Page 2

Pa	Financial Information										
7	Plan Assels and Liabilities	lan Assels and Liabilities (a) Beginning of Ye			(b) End of Year						
а	Total plan assets	7a	1,28	0,896	<u> </u>				L,7 <u>4</u>	1,5	25
b	Total plan liabilities	7b			\perp						<u> </u>
С	Net plan assets (subtract line 7b from line 7a)	et plan assets (subtract line 7b from line 7a)			1				.,74	1,5	25
8	ncome, Expenses, and Transfers for Ihls Plan Year (a) Amount						(b) T	otal		lake Sweps	
a	Contributions received or receivable from:	00/4)	6:	5,042			Company	PORMA OFFICE AND A PORMA OFFICE OFFI OFFICE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFFI			
	(1) Employers	8a(1)		1,476	NOPTON .	anian a		raine V	OLINEAU ATUA	10 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	=
	(2) Participants	8a(2)			WORDS	- Carlotte					117.1
	(3) Others (Including rollovers)	8a(3) 8b	31	4,167	7						= ,
	Other Income (loss)	Bc Bc			# PAGE 1886		(frim h=-		46	0,6	87
d	Total Income (add ilnes 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	00	Participation of the Control of the		10 14 15 15 15 15 15 15 15 15 15 15 15 15 15	(Applie)		. 3 <u>1925</u> -		==	=::
u	to provide benefits)	8d				Parlie L		24	-21-21	3. T.	
е	Certain deemed and/or corrective distributions (see instructions)	₿e		56	3	laria de la composición dela composición de la composición de la composición de la composición dela composición del composición de la composición de la composición dela composición de la composición de la composición del composición del composición dela composición dela composición dela composición dela composición dela composición dela composición del	ACCORDING TO THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLU				
f	Administrative service providers (salaries, fees, commissions)	8f			77 98488		CK TOLD ON THE		7.1.1.7.11.		
g	Other expenses	8g				ACCULATION OF THE PARTY OF THE	Manufacture of the Control of the Co	di redicit	TIPLE TO ST		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	6h	TO MINUTE THE PROPERTY OF THE		# E						58
ī	Net income (loss) (subtract line 8h from line 8c)	Bl			<u>.</u>				46	0,6	29
$\overline{1}$	Transfers to (from) the plan (see instructions)	Bj			100			7			
Pa	TIV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acterist	ic Co	des in	the instruc	tions	:		
b	If the plan provides welfare benefits, enter the applicable welfare for	aature cod	es from the List of Plan Chara	cteristic	Cod	es in t	h e Instruct	ions:			
landy.											_
10	Compliance Questions				Yes	No		Amo	conf		
to	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within	n the time period described in	 				1,11-1		_	_
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a	\dashv	х			_		
b	on line 10a.)		IIIOQOO II EIIEEEGIOIIO TOPOICO	10Ъ	\perp	X					
				10c	\Box	х					
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelily box	nd, that was caused by fraud	10d		x		_			
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or off			100	\dashv			_			
е	Insurance service or other organization that provides some or all of	of the bene	ofits under the plan? (\$ee			v					
	instructions.)		<u></u>	100		_ <u>x_</u>					_
f	Has the plan falled to provide any benefit when due under the pla	n7		10f		<u> </u>					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period?			10h		x					
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	I notice or one of the	10i		х			reace	Hann	
na a ta	Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem	ente? (If "	Ves X see instructions and com	nlete S	ched	ule SE					_
	5500) and line 11a below)								Yes	1 🔯	۷o
	Enter the unpaid minimum regulred contribution for current year fr					11a	EDIO40		Ves	X 1	Nc.
_12	Is this a defined contribution plan subject to the minimum funding			or <u>sec</u>	uon 3	102 of	ERISA?	Ш	7 65	<u> </u>	40
	(If "Yes," complete line 12e or lines 12b, 12c, 12d, and 12e below, if a waiver of the minimum funding standard for a prior year is being	as applica	able.)	- Horse	and a	nter #	le date of t	he let	ter ru	ine	_
	granting the waiver.		,,,Morj	lh	anu c	Day	IO MAIG UI I	Year		9	
	you completed line 12a, complete lines 3, 9, and 10 of Schedul				\top	12b					
h	Enter the minimum regulaed contribution for this plan year						ı				

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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		_	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	,,,,,	Yes	No	N/A
Part	Plan Terminations and Transfers of Assets				
	Has a resolution to terminate the plan been adopted in any plan year?		Yes X N)	
	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
c	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(2) E	IN(s <u>)</u>	13c(3)	PN(s)
	Trust Information (optional)	14ь т	rust's EIN		
148	Name of trust	-THE I			