## 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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accorda	ance with the instruc	tions to the Form 550	0-SF.		, , , , , , , , , , , , , , , , , , ,		
Part I		dentification Information							
For calend	ar plan year 2013 or fis	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013			
A This ret	turn/report is for:	x a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan		
<b>B</b> This ret	turn/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 Check	Check box if filing under: Form 5558 automatic extension DFVC program								
	special extension (enter description)								
Part II		mation—enter all requested information	tion						
1a Name PROFESSIC	•	H ASSOCIATES PLLC 401(K) SAFE H.	ARBOR PLAN		1b	Three-digit plan number (PN)	001		
					1c	Effective date of	•		
		dress; include room or suite number (em 'H ASSOCIATES, PLLC	nployer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 27-4001343				
2906 N STA	TE STREET				2c Sponsor's telephone number				
SUITE 300 JACKSON, I					2d	Business code (	see instructions)		
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's I			
					3c	Administrator's t	elephone number		
4 If the r	name and/or EIN of the	plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN			
name		nber from the last return/report.	·	·	4c	PN			
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a		4		
<b>b</b> Total i	number of participants	at the end of the plan year			5b		4		
		ccount balances as of the end of the pl	• •	•	5c		0		
	•	during the plan year invested in eligible	•	,			X Yes No		
under	29 CFR 2520.104-46?	the annual examination and report of an (See instructions on waiver eligibility and the line 6a or line 6b, the plan canno	nd conditions.)				X Yes No		
-		t plan, is it covered under the PBGC ins			_		Not determined		
Caution: A	penalty for the late o	r incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ıse is	established.			
SB or Sche	. , ,	er penalties set forth in the instructions d signed by an enrolled actuary, as wel lete.	,		,	O, 11	,		
SIGN	Filed with authorized/v	valid electronic signature.							
HERE	Signature of plan ac	lministrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator		
SIGN									
HERE	Signature of employ	· · · · · · · · · · · · · · · · · · ·	Date	Enter name of individ					
CECIL W. H HARPER, R 1052 HIGH	name (including firm na Harper, CPA RAINS, KNIGHT & CON LAND COLONY PKWY D, MS 39157		room or suite numbe	r (optional)	Prep	arer's telephone 601-605	number (optional) 5-0722		
	,								

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	T		(b) End c	f Vo	or		
	Total plan assets	7a	14186			(b) End of Year					
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	14186	5					0		
	Income, Expenses, and Transfers for this Plan Year	- 10	(a) Amount		(b) Total						
	Contributions received or receivable from:		(a) Amount				(10) 10	tai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	1558	5							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	662	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	2214		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	16407	9							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						16	64079		
i	Net income (loss) (subtract line 8h from line 8c)	8i						-14	11865		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics		•								
9a		feature co	odes from the List of Plan Char	acteris	tic Co	des in	the instruct	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	c Cod	les in t	he instruction	ns:			
Par	V Compliance Questions										
10				1	Yes	No					
a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tione withi	n the time period described in		163	NO	4	Amoı	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X					
D	on line 10a.)			10b		X					
				10c		Χ					
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X					
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			100							
-	insurance service, or other organization that provides some or all					<b>V</b>					
	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.)	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 2520.10			10i		X					
Part											
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	П	No
110	5500) and line 11a below)  Enter the unpaid minimum required contribution for current year fr								. 55	Ц	
	· · · · · · · · · · · · · · · · · · ·		,			11a	EDICAC	$\overline{\Box}$	Yes	Y	No
12							INO				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling										
a	granting the waiver.	-			and t	Day		Year		ıı ıy	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1				
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -	. 1	
raye	J		

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?	X	es No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X Yes	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.)	:0					
1	3c(1) Name of plan(s):	3 <b>c(2)</b> EI	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administratio

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

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

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

******	ension Benefit Guaranty Corporation Complete all entries									
Part I Annual Report Identification Information  For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013										
For	calendar plan year 2013 or fiscal plan year beginning	01/01/201		nd end						
Α	This return/report is for:		e-employer plan (not	multier	nployer) 📙 a one-partic	pant plan				
В	This return/report is: the first return/report	1	return/report							
	an amended return		olan year return/repor	t (less t						
C	Check box if filing under: Form 5558	automati	c extension	□ DFVC program						
(anticophalasa)	special extension (	enter description)								
P	art II Basic Plan Information - enter all requ	ested information								
1a	Name of plan	1b T	hree-digit							
PF	ROFESSIONAL MENTAL HEALTH AS	p	lan number (PN)	001						
	LC 401(K) SAFE HARBOR PLAN	1c E	1c Effective date of plan							
	,				01/01/2010					
22	Plan sponsor's name and address; include room or suite nur	nber (employer, if for sinc	ile-employer plan)	2b E	mployer Identification Nu	mber (EIN)				
PE	ROFESSIONAL MENTAL HEALTH AS	SOCIATES, F	LLC		27-4001343					
		,		2c 8	Sponsor's telephone numb	oer				
20	006 N STATE STREET			(60:						
	JITE 300				Business code (see instruc	ctions)				
	ACKSON MS 392	16			621112	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
_	47	an Sponsor Name X Same	Di O Addisso	3h /	Administrator's EIN					
Зa	Plan administrator's name and address Same as Pl	lan Sponsor Name 🔼 Same	as Plan Sponsor Address	OD 7	Administrator 5 Liv					
				20 /	Administrator's telephone	number				
				30 /	diffillistrator s teleprione	Hullibei				
-				45 .	-161					
	If the name and/or EIN of the plan sponsor has change		report filed for this	4b E	III					
	plan, enter the name, EIN, and the plan number from t	ne last return/report.	;	4 - 6	N. 1					
а	Sponsor's name			4c F	'n					
					4					
Ea	Total number of participants at the beginning of the	plan vear		5a	4					
28	10101110111011									
b	the state of the s			5b	4					
	Total number of participants at the end of the plan y	ear		5b						
b	Total number of participants at the end of the plan you Number of participants with account balances as of	ear the end of the plan yea	ar (defined	5b 5c	0					
b	Total number of participants at the end of the plan yes Number of participants with account balances as of benefit plans do not complete this item)	ear the end of the plan yea	ar (defined	5c	0	Yes No				
b c 6a	Total number of participants at the end of the plan yellow Number of participants with account balances as of benefit plans do not complete this item)      Were all of the plan's assets during the plan year inv	ear the end of the plan yea ested in eligible assets	ar (defined .? (See instructions.)	5c	0 Suntant					
b c 6a	Total number of participants at the end of the plan yellow Number of participants with account balances as of benefit plans do not complete this item)     Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination.	ear the end of the plan yea ested in eligible assets and report of an indep	ar (defined .? (See instructions.) endent qualified pub	5c	0 Duntant					
b c 6a	Total number of participants at the end of the plan yellow Number of participants with account balances as of benefit plans do not complete this item)  Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-467 (See instructions)	ear the end of the plan yea ested in eligible assets and report of an indep s on waiver eligibility ar	ar (defined 17 (See instructions.) endent qualified pub nd conditions.)	5c	0 Duntant					
b c 6a	Total number of participants at the end of the plan yes. Number of participants with account balances as of benefit plans do not complete this item)	ear the end of the plan yes ested in eligible assets and report of an indep s on waiver eligibility an he plan cannot use Fe	ar (defined  () (See instructions.)  () endent qualified pub  () conditions.)  () orm 5500-SF and mi	5c	0 Duntant					
6a b	Total number of participants at the end of the plan yellower Number of participants with account balances as of benefit plans do not complete this item)  Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-46? (See instructions of the plan is a defined benefit plan, is it covered under the First Number 1 to 1 to 1 to 1 to 1 to 2 to 2 to 2 to	ear the end of the plan yea ested in eligible assets and report of an indep s on waiver eligibility an he plan cannot use Fo	ar (defined ? (See instructions.) endent qualified pub nd conditions.) orm 5500-SF and mu (see ERISA section 402	5c lic account ins	Ountant X tead use Form 5500.	Yes No				
6a b	Total number of participants at the end of the plan yes Number of participants with account balances as of benefit plans do not complete this item)  Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-467 (See instructions If you answered "No" to either line 6a or line 6b, to lift the plan is a defined benefit plan, is it covered under the Faution: A penalty for the late or incomplete filing of decreposition of portune and other penalties set forth in	ear the end of the plan yea ested in eligible assets and report of an indep s on waiver eligibility ar he plan cannot use For PBGC insurance program this return/report will	ar (defined  17 (See instructions.)  18 (See instructions.)  19 (See and multiple of the conditions.)  10 (See ERISA section 402  10 be assessed unlessellare that I have example of the conditions.)	lic account ins 1)?	ountant  tead use Form 5500.  Yes No  nable cause is establish is return/report, including	Yes No Not determined ned. , if applicable, a				
6a b	Total number of participants at the end of the plan yell Number of participants with account balances as of benefit plans do not complete this item)  Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-46? (See instructions of the your answered "No" to either line 6a or line 6b, to the plan is a defined benefit plan, is it covered under the paution: A penalty for the late or incomplete filling of the dule SB or Schedule MB completed and signed by a second control of the plan is a defined by a second control of the penalties of perjury and other penalties set forth in the dule SB or Schedule MB completed and signed by a second control of the plan is a second control of	ear the end of the plan yea ested in eligible assets and report of an indep s on waiver eligibility ar he plan cannot use Fo BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as	ar (defined  17 (See instructions.)  18 (See instructions.)  19 (See and multiple of the conditions.)  10 (See ERISA section 402  10 be assessed unlessellare that I have example of the conditions.)	lic account ins 1)?	ountant  tead use Form 5500.  Yes No  nable cause is establish is return/report, including	Yes No Not determined ned. , if applicable, a				
6a b	Total number of participants at the end of the plan yell Number of participants with account balances as of benefit plans do not complete this item)  Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-467 (See instructions If you answered "No" to either line 6a or line 6b, to lift the plan is a defined benefit plan, is it covered under the Faution: A penalty for the late or incomplete filing of	ear the end of the plan yea ested in eligible assets and report of an indep s on waiver eligibility ar he plan cannot use Fo BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as	ar (defined  17 (See instructions.)  18 (See instructions.)  19 (See and multiple of the conditions.)  10 (See ERISA section 402  10 be assessed unlessed lare that I have example of the conditions.)	lic account ins 1)?	ountant  tead use Form 5500.  Yes No  nable cause is establish is return/report, including	Yes No Not determined ned. , if applicable, a				
6a b	Total number of participants at the end of the plan yell Number of participants with account balances as of benefit plans do not complete this item)  Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-46? (See instructions of the your answered "No" to either line 6a or line 6b, to the plan is a defined benefit plan, is it covered under the paution: A penalty for the late or incomplete filling of the dule SB or Schedule MB completed and signed by a second control of the plan is a defined by a second control of the penalties of perjury and other penalties set forth in the dule SB or Schedule MB completed and signed by a second control of the plan is a second control of	ear the end of the plan yea ested in eligible assets and report of an indep s on waiver eligibility ar he plan cannot use Fo BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as	ar (defined  17 (See instructions.)  18 cendent qualified public conditions.)  19 crm 5500-SF and mile (see ERISA section 402  10 be assessed unless lare that I have exam well as the electronic	Jic account instance in the control of the control	ountant  X tead use Form 5500.  Yes No whable cause is establish is return/report, including on of this return/report, an	Yes No Not determined ned. , if applicable, a				
6a b	Total number of participants at the end of the plan yell Number of participants with account balances as of benefit plans do not complete this item)  Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-467 (See instructions of the plan is a defined benefit plan, is it covered under the flattion: A penalty for the late or incomplete filling of the derivative of perjury and other penalties set forth in hedule SB or Schedule MB completed and signed by a knowledge and belief, it is true, correct, and complete	ear the end of the plan yea ested in eligible assets and report of an indep s on waiver eligibility ar he plan cannot use Fo BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as	ar (defined  17 (See instructions.)  18 cendent qualified public conditions.)  19 crm 5500-SF and mile (see ERISA section 402  10 be assessed unless lare that I have exam well as the electronic	Jic account instance in the control of the control	ountant  X tead use Form 5500.  Yes No whable cause is establish is return/report, including on of this return/report, an	Yes No Not determined ned. , if applicable, a				
6a b	Total number of participants at the end of the plan yet Number of participants with account balances as of benefit plans do not complete this item)  Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-467 (See instructions If you answered "No" to either line 6a or line 6b, to the plan is a defined benefit plan, is it covered under the feating. A penalty for the late or incomplete filing of the derivation of perjury and other penalties set forth in hedule SB or Schedule MB completed and signed by a knowledge and belief, it is true, correct, and complete	ear the end of the plan yea ested in eligible assets and report of an indep s on waiver eligibility ar he plan cannot use Fo BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as	ar (defined  17 (See instructions.)  18 (See instructions.)  19 (See instructions.)  10 (See ERISA section 402  11 (See ERISA section 402  12 (See ERISA section 402  13 (See ERISA section 402  14 (See ERISA section 402  15 (See ERISA section 402  16 (See ERISA section 402  16 (See ERISA section 402  17 (See Instructions.)	lic account ins	tead use Form 5500.  Yes No  nable cause is establish is return/report, including n of this return/report, and	Yes No Not determined ned. , if applicable, a d to the best of				
6a b	Total number of participants at the end of the plan yell Number of participants with account balances as of benefit plans do not complete this item)  Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-467 (See instructions of the plan is a defined benefit plan, is it covered under the flattion: A penalty for the late or incomplete filling of the derivative of perjury and other penalties set forth in hedule SB or Schedule MB completed and signed by a knowledge and belief, it is true, correct, and complete	ear the end of the plan yea ested in eligible assets and report of an indep s on waiver eligibility an the plan cannot use Fo BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as	ar (defined  17 (See instructions.)  18 (See instructions.)  19 (See instructions.)  10 (See ERISA section 402  11 (See ERISA section 402  12 (See ERISA section 402  13 (See ERISA section 402  14 (See ERISA section 402  15 (See ERISA section 402  16 (See ERISA section 402  16 (See ERISA section 402  17 (See Instructions.)	lic account ins	ountant  X tead use Form 5500.  Yes No whable cause is establish is return/report, including on of this return/report, an	Yes No Not determined ned. , if applicable, a d to the best of				
6a b	Total number of participants at the end of the plan yet. Number of participants with account balances as of benefit plans do not complete this item)  Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-467 (See instructions of the your answered "No" to either line 6a or line 6b, to the plan is a defined benefit plan, is it covered under the faution: A penalty for the late or incomplete filing of the derepenalties of perjury and other penalties set forth in hedule SB or Schedule MB completed and signed by a knowledge and belief, it is true, correct, and complete signature of plan administrator.	ear the end of the plan yea ested in eligible assets and report of an indep s on waiver eligibility an the plan cannot use Fo BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as	ar (defined  17 (See instructions.)  18 (See instructions.)  19 (See instructions.)  10 (See ERISA section 402  11 (See ERISA section 402  12 (See ERISA section 402  13 (See ERISA section 402  14 (See ERISA section 402  15 (See ERISA section 402  16 (See ERISA section 402  16 (See ERISA section 402  17 (See Instructions.)	lic account ins	tead use Form 5500.  Yes No  nable cause is establish is return/report, including n of this return/report, and	Yes No Not determined ned. , if applicable, a d to the best of				
6a b C Un Sci my	Total number of participants at the end of the plan yet. Number of participants with account balances as of benefit plans do not complete this item)  Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-467 (See instructions of the plan is a defined benefit plan, is it covered under the faution: A penalty for the late or incomplete filing of the dule SB or Schedule MB completed and signed by a knowledge and belief, it is true, correct, and complete Signature of plan administrator.  Signature of plan administrator.	ear the end of the plan year ested in eligible assets and report of an indep s on waiver eligibility an the plan cannot use Formula of the plan cannot use for the plan cannot use for the plan cannot use for the instructions, I decan enrolled actuary, as the plan cannot use for the plan year.	ar (defined  17 (See instructions.)  18 endent qualified publind conditions.)  19 orm 5500-SF and must (see ERISA section 402  10 be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be assessed unless lare that I have exam well as the electronic will be as the electronic will	lic account instance in the control of the control	ountant  X tead use Form 5500.  Yes No mable cause is establish is return/report, including n of this return/report, and	Yes No Not determined ned. , if applicable, a d to the best of				
6a b	Number of participants at the end of the plan yet. Number of participants with account balances as of benefit plans do not complete this item.  Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-467 (See instructions of the plan is a defined benefit plan, is it covered under the feature. A penalty for the late or incomplete filing of the dule SB or Schedule MB completed and signed by a knowledge and belief, it is true, correct, and complete Signature of plan administrator.  Signature of employer/plan sponsor.	ear the end of the plan year ested in eligible assets and report of an indep s on waiver eligibility ar the plan cannot use For BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as the plan cannot use For BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as the plan cannot use For BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as the plan year	ar (defined  17 (See instructions.)  18 (See instructions.)  19 (See instructions.)  10 (See ERISA Section 402  11 (See ERISA Section 402  12 (See ERISA Section 402  13 (See ERISA Section 402  14 (See ERISA Section 402  15 (See ERISA Section 402  16 (See ERISA Section 402  16 (See ERISA Section 402  17 (See instructions.)  18 (See instructions.)  19 (See instructions.)  19 (See instructions.)  10 (See	lic account ins 1)? s reascoined the version dual signature dual s	ountant  X tead use Form 5500.  Yes No mable cause is establish is return/report, including n of this return/report, and gning as plan administrate	Yes No  Not determined  ned.  , if applicable, a d to the best of  or				
6a b	Total number of participants at the end of the plan yet. Number of participants with account balances as of benefit plans do not complete this item)  Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-467 (See instructions of the plan is a defined benefit plan, is it covered under the faution: A penalty for the late or incomplete filing of the dule SB or Schedule MB completed and signed by a knowledge and belief, it is true, correct, and complete Signature of plan administrator.  Signature of plan administrator.	ear the end of the plan year ested in eligible assets and report of an indep s on waiver eligibility ar the plan cannot use For BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as the plan cannot use For BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as the plan cannot use For BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as the plan year	ar (defined  17 (See instructions.)  18 (See instructions.)  19 (See instructions.)  10 (See ERISA Section 402  11 (See ERISA Section 402  12 (See ERISA Section 402  13 (See ERISA Section 402  14 (See ERISA Section 402  15 (See ERISA Section 402  16 (See ERISA Section 402  16 (See ERISA Section 402  17 (See instructions.)  18 (See instructions.)  19 (See instructions.)  19 (See instructions.)  10 (See	lic account ins 1)? s reascoined the version dual signature dual s	ountant  X tead use Form 5500.  Yes No mable cause is establish is return/report, including n of this return/report, and gning as plan administrate	Yes No  Not determined  ned.  , if applicable, a d to the best of  or				
6a b C C Un Sci my	Number of participants at the end of the plan yet Number of participants with account balances as of benefit plans do not complete this item)  Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-467 (See instructions of the your answered "No" to either line 6a or line 6b, to the plan is a defined benefit plan, is it covered under the faution: A penalty for the late or incomplete filing of the dere penalties of perjury and other penalties set forth inhedule SB or Schedule MB completed and signed by a knowledge and belief, it is true, correct, and complete signature of plan administrator  GN  Signature of employer/plan sponsor reparer's name (including firm name, if applicable) and	ear the end of the plan year ested in eligible assets and report of an indep s on waiver eligibility ar the plan cannot use For BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as the plan cannot use For BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as the plan cannot use For BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as the plan year	ar (defined  17 (See instructions.)  18 (See instructions.)  19 (See instructions.)  10 (See ERISA Section 402  11 (See ERISA Section 402  12 (See ERISA Section 402  13 (See ERISA Section 402  14 (See ERISA Section 402  15 (See ERISA Section 402  16 (See ERISA Section 402  16 (See ERISA Section 402  17 (See instructions.)  18 (See instructions.)  19 (See instructions.)  19 (See instructions.)  10 (See	lic accounts ins 1)? s reascoined the version dual significantly	tead use Form 5500.  Yes No nable cause is establish is return/report, including n of this return/report, and gning as plan administrate gning as employer or plan Preparer's telephone nur	Yes No  Not determined ned. , if applicable, a d to the best of  or  sponsor mber (optional)				
6a b C C Under Signature Processing Processi	Total number of participants at the end of the plan yet Number of participants with account balances as of benefit plans do not complete this item)  Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-467 (See instructions of the your answered "No" to either line 6a or line 6b, to the plan is a defined benefit plan, is it covered under the faution: A penalty for the late or incomplete filing of the dere penalties of perjury and other penalties set forth in hedule SB or Schedule MB completed and signed by a knowledge and belief, it is true, correct, and complete signature of plan administrator  GN  Signature of plan administrator  GN  Signature of employer/plan sponsor reparer's name (including firm name, if applicable) and ECIL W. HARPER, CPA	ested in eligible assets and report of an indep s on waiver eligibility and the plan cannot use Formula of the instructions, I dectan enrolled actuary, as the plan cannot use on enrolled actuary, as the instructions of the plan cannot use on enrolled actuary, as the plan cannot use on enrolled actuary, as the plan cannot use on enrolled actuary, as the plan cannot use of the plan years and y	ar (defined  17 (See instructions.)  18 (See instructions.)  19 (See instructions.)  10 (See ERISA Section 402  11 (See ERISA Section 402  12 (See ERISA Section 402  13 (See ERISA Section 402  14 (See ERISA Section 402  15 (See ERISA Section 402  16 (See ERISA Section 402  16 (See ERISA Section 402  17 (See instructions.)  18 (See instructions.)  19 (See instructions.)  19 (See instructions.)  10 (See	lic accounts ins 1)? s reascoined the version dual significantly	ountant  X tead use Form 5500.  Yes No mable cause is establish is return/report, including n of this return/report, and gning as plan administrate	Yes No  Not determined ned. , if applicable, a d to the best of  or  sponsor mber (optional)				
6a b C C Under Signature S	Total number of participants at the end of the plan yet Number of participants with account balances as of benefit plans do not complete this item)  Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-467 (See instructions of the plan is a defined benefit plan, is it covered under the featurion: A penalty for the late or incomplete filing of the dule SB or Schedule MB completed and signed by a knowledge and belief, it is true, correct, and complete Signature of employer/plan sponsor reparer's name (including firm name, if applicable) and ARPER, RAINS, KNIGHT & COMPARER, RAINS, KNIGHT & COMPARER, RAINS, KNIGHT & COMPARER, RAINS, KNIGHT & COMPARER.	ear the end of the plan year ested in eligible assets and report of an indep s on waiver eligibility ar he plan cannot use For BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as .  Date address; include room ANY, PA	ar (defined  17 (See instructions.)  18 (See instructions.)  19 (See instructions.)  10 (See ERISA Section 402  11 (See ERISA Section 402  12 (See ERISA Section 402  13 (See ERISA Section 402  14 (See ERISA Section 402  15 (See ERISA Section 402  16 (See ERISA Section 402  16 (See ERISA Section 402  17 (See instructions.)  18 (See instructions.)  19 (See instructions.)  19 (See instructions.)  10 (See	lic accounts ins 1)? s reascoined the version dual significantly	tead use Form 5500.  Yes No nable cause is establish is return/report, including n of this return/report, and gning as plan administrate gning as employer or plan Preparer's telephone nur	Yes No  Not determined ned. , if applicable, a d to the best of  or  sponsor mber (optional)				
6a b C C Under Signature S	Total number of participants at the end of the plan yet Number of participants with account balances as of benefit plans do not complete this item)  Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-467 (See instructions of the plan is a defined benefit plan, is it covered under the featine. A penalty for the late or incomplete filing of the dule SB or Schedule MB completed and signed by a knowledge and belief, it is true, correct, and complete signature of plan administrator.  Signature of employer/plan sponsor reparer's name (including firm name, if applicable) and ARPER, RAINS, KNIGHT & COMPARET. CPA ARPER, RAINS, KNIGHT & COMPARET. S13 HIGHLAND COLONY PKWY, S13	ear the end of the plan year ested in eligible assets and report of an indep s on waiver eligibility ar the plan cannot use Fo BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as  Date address; include room ANY, PA TE 100	ar (defined  17 (See instructions.)  18 (See instructions.)  19 (See instructions.)  10 (See ERISA Section 402  11 (See ERISA Section 402  12 (See ERISA Section 402  13 (See ERISA Section 402  14 (See ERISA Section 402  15 (See ERISA Section 402  16 (See ERISA Section 402  16 (See ERISA Section 402  17 (See instructions.)  18 (See instructions.)  19 (See instructions.)  19 (See instructions.)  10 (See	lic accounts ins 1)? s reascoined the version dual significantly	tead use Form 5500.  Yes No nable cause is establish is return/report, including n of this return/report, and gning as plan administrate gning as employer or plan Preparer's telephone nur	Yes No  Not determined ned. , if applicable, a d to the best of  or  sponsor mber (optional)				
6a b CCUn Scl my Site HE	Total number of participants at the end of the plan yet Number of participants with account balances as of benefit plans do not complete this item)  Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-467 (See instructions of the plan is a defined benefit plan, is it covered under the featurion: A penalty for the late or incomplete filing of the dule SB or Schedule MB completed and signed by a knowledge and belief, it is true, correct, and complete Signature of employer/plan sponsor reparer's name (including firm name, if applicable) and ARPER, RAINS, KNIGHT & COMPARER, RAINS, KNIGHT & COMPARER, RAINS, KNIGHT & COMPARER, RAINS, KNIGHT & COMPARER.	ear the end of the plan year ested in eligible assets and report of an indep s on waiver eligibility ar the plan cannot use Fo BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as  Date address; include room ANY, PA TE 100	ar (defined  17 (See instructions.)  18 (See instructions.)  19 (See instructions.)  10 (See ERISA Section 402  11 (See ERISA Section 402  12 (See ERISA Section 402  13 (See ERISA Section 402  14 (See ERISA Section 402  15 (See ERISA Section 402  16 (See ERISA Section 402  16 (See ERISA Section 402  17 (See instructions.)  18 (See instructions.)  19 (See instructions.)  19 (See instructions.)  10 (See	lic accounts ins 1)? s reascoined the version dual significantly	tead use Form 5500.  Yes No nable cause is establish is return/report, including n of this return/report, and gning as plan administrate gning as employer or plan Preparer's telephone nur	Yes No  Not determined ned. , if applicable, a d to the best of  or  sponsor mber (optional)				
6a b	Total number of participants at the end of the plan yet Number of participants with account balances as of benefit plans do not complete this item)  Were all of the plan's assets during the plan year involved Are you claiming a waiver of the annual examination (IQPA) under 29 CFR 2520.104-467 (See instructions if you answered "No" to either line 6a or line 6b, to lift the plan is a defined benefit plan, is it covered under the faution: A penalty for the late or incomplete filing of the late of incomplete filing of late with the late of section of knowledge and belief, it is true, correct, and complete signature of plan administrator  GN Signature of employer/plan sponsor reparer's name (including firm name, if applicable) and are complete.  CIL W. HARPER, CPA ARPER, RAINS, KNIGHT & COMPA COS HIGHLAND COLONY PKWY, ST	ear the end of the plan year ested in eligible assets and report of an indep s on waiver eligibility ar the plan cannot use Fo BGC insurance program this return/report will the instructions, I dec an enrolled actuary, as  Date address; include room ANY, PA TE 100	ar (defined  17 (See instructions.)  18 (See instructions.)  19 (See instructions.)  10 (See ERISA Section 402  11 (See ERISA Section 402  12 (See ERISA Section 402  13 (See ERISA Section 402  14 (See ERISA Section 402  15 (See ERISA Section 402  16 (See ERISA Section 402  16 (See ERISA Section 402  17 (See instructions.)  18 (See instructions.)  19 (See instructions.)  19 (See instructions.)  10 (See	lic accounts ins 1)? s reascoined the version dual significantly	tead use Form 5500.  Yes No nable cause is establish is return/report, including n of this return/report, and gning as plan administrate gning as employer or plan Preparer's telephone nur	Yes No  Not determined ned. , if applicable, a d to the best of  or  sponsor mber (optional)				

Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginnin	g of Ye	ear	(b) End of Year				
a Total plan assets	. 7a	1	41,8	365	0				
b Total plan liabilities	. 7b								
C Net plan assets (subtract line 7b from line 7a)	. 7c	1	41,8	365	0				
8 Income, Expenses, and Transfers for this Plan Year		(a) Am	ount		(b) Total				
a Contributions received or receivable from:									
(1) Employers	. 8a(1)								
(2) Participants			15,5	85					
(3) Others (including rollovers)	. 8a(3)								
b Other income (loss)	8b		6,6	529					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				22,214				
d Benefits paid (including direct rollovers and insurance premiums to provide		The state of the s							
benefits)	8d	1	64,0	79					
e Certain deemed and/or corrective distributions (see instructions)									
f Administrative service providers (salaries, fees, commissions)									
The second secon									
h Total expenses (add lines 8d, 8e, 8f, and 8g)					164,079				
i Net income (loss) (subtract line 8h from line 8c)					-141,865				
Transfers to (from) the plan (see instructions)	8j	2533334124124124	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Part IV Plan Characteristics									
b If the plan provides welfare benefits, enter the applicable welfare feature co	odes from	the List of Plar	Chara	cteristic	Codes in the instructions:				
MADE I LEGISLATION AND ADMINISTRATION OF THE PARTY OF THE			Yes	No	Amount				
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contributions within the time</li> </ul>	neriod des	scribed	1		. Latter library and the				
in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corre	ction Proc	ram.) 10	a	x					
b Were there any nonexempt transactions with any party-in-interest? (Do not	include								
transactions reported on line 10a.)			ь	X					
c Was the plan covered by a fidelity bond?			c	X					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bo	ond, that								
was caused by fraud or dishonesty?		10	d	X					
Were any fees or commissions paid to any brokers, agents, or other person	s by an in	surance							
carrier, insurance service, or other organization that provides some or all of	the benef	its under							
the plan? (See instructions.)			e	X	-				
f Has the plan failed to provide any benefit when due under the plan?			f	X					
g Did the plan have any participant loans? (If "Yes," enter amount as of year	end.) ,	10	g	X					
h If this is an Individual account plan, was there a blackout period? (See instr	uctions								
and 29 CFR 2520.101-3.)		10	h	X					
i If 10h was answered "Yes," check the box if you either provided the require	ed notice o	or one		1					
of the exceptions to providing the notice applied under 29 CFR 2520.101-3		10	<u>i                                    </u>	X					
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirements? (If	"Yes," see	e instructions a	nd com	plete	П. П.				
Schedule SB (Form 5500) and line 11a below)				T 1					
11a Enter the unpaid minimum required contribution for current year from Sche	dule SB (F	Form 5500) line	39	11a					
12 Is this a defined contribution plan subject to the minimum funding requirements of se									
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applications of the complete line 12a or lines 12b, 12c, 12d, and 12e below, as applications of the complete line 12a or lines 12b, 12c, 12d, and 12e below, as applications of the complete lines 12b, 12c, 12d, and 12e below, as applications of the complete lines 12b, 12c, 12d, and 12e below, as applications of the complete lines 12b, 12c, 12d, and 12e below, as applications of the complete lines 12b, 12c, 12d, and 12e below, as applications of the complete lines 12b, 12c, 12d, and 12e below, as applications of the complete lines 12b, 12c, 12d, and 12e below, as applications of the complete lines 12b, 12c, 12d, and 12e below, as applications of the complete lines 12b, 12c, 12d, and 12e below, as applications of the complete lines 12b, 12c, 12d, and 12e below, as applications of the complete lines 12b, 12c, 12d, and 12e below, as applications of the complete lines 12b, 12c, 12d, and 12e below, as applications of the complete lines 12b, 12c, 12d, and 12e below, as applications of the complete lines 12b, 12c, 12d, and 12c, 12d, and 12e below, as applications of the complete lines 12b, and 12c, 12d, and 12d	(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 being amortized	zed in this	plan year, see			id enter the date of the letter				
ruling granting the waiver.		Month		)ay	Year				
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 5500),	and skip to lin	13.	401					
<b>b</b> Enter the minimum required contribution for this plan year	*************			12b					

## Service Provider Affidavit

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/employer's specific written authorization in my records; (2) I have attached to this electronic filling, in addition to any other required schedules or attachments, a true and correct PDF copy of the first two pages of the completed Form 5500 or Form 5500-SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury; (3) I advised the plan administrator/employer that by selecting this electronic signature option the PDF image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

Signature of service provider (optional)

Date

Date

DOEY KATOOL

Enter name of individual signing as service provider