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 accord 	lance with the instruc	ctions to the Form 5500)-SF.		•
Part I	Annual Report I	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013	3	and ending 12	2/31/2	2013	
A This ret	turn/report is for:			an (not multiemployer)		a one-partici	pant plan
B This ret	turn/report is:	님 ' 님	the final return/report				
_				n/report (less than 12 mc	onths)		
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am
Part II	Basic Plan Infor	mation—enter all requested informa	•				
1a Name		That of the an requested months	duon		1h	Three-digit	
		.A. PROFIT SHARING PLAN			16	plan number	
1471007111 0 0	7014E0 ETE OLIIVIO, T.	7. FROM GIVARANG FEAR				(PN) ▶	001
					1c	Effective date o	f plan
						01/01	
	ponsor's name and add JONES EYE CLINIC, P	lress; include room or suite number (er	mployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 64-05	fication Number 79309
					2c	Sponsor's telep	
971 LAKELA JACKSON, I	AND DRIVE, SUITE 654 MS 39216	l The state of the			2d	Business code ((see instructions)
						62111	
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor N	ame Same as Plar	Sponsor Address	3b	Administrator's	EIN
					3с	Administrator's	telephone number
4		 					
		plan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4b	EIN	
	, EIN, and the plan hum or's name	ber from the last return/report.			4c	DNI	
		at the beginning of the plan year			5a	<u> </u>	3
_		at the end of the plan year		-	5b		3
		ccount balances as of the end of the p	, ,	•	5c		3
	•	during the plan year invested in eligibl					X Yes No
_		the annual examination and report of a					
		(See instructions on waiver eligibility a					X Yes No
If you	answered "No" to eit	her line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use I	Form	5500.	
C If the p	olan is a defined benefit	plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	nenalty for the late o	r incomplete filing of this return/rep	ort will be assessed	unless reasonable caus	eo ie i	established	
Caution. P	A penalty for the late of	i incomplete filling of this return/rep	ort will be assessed				able a Cabadula
Under nend		ar popultion and forth in the instructions	L doolare that I have	avaminad thia raturn/ran	ort in		able, a Scriedule
SB or Sche	alties of perjury and other	er penalties set forth in the instructions d signed by an enrolled actuary, as we lete.					
SB or Sche belief, it is t	alties of perjury and othe edule MB completed and true, correct, and compl	d signed by an enrolled actuary, as we					
SB or Sche belief, it is t	alties of perjury and othe edule MB completed and true, correct, and compl Filed with authorized/v	d signed by an enrolled actuary, as we lete.	09/24/2014	DR. KEN C. JONES	and t	to the best of my	knowledge and
SB or Sche belief, it is t SIGN HERE	alties of perjury and othe edule MB completed and true, correct, and compl	d signed by an enrolled actuary, as we lete.	ell as the electronic ver	sion of this return/report,	and t	to the best of my	knowledge and
SB or Sche belief, it is t	alties of perjury and othe edule MB completed and true, correct, and compl Filed with authorized/v Signature of plan ad	d signed by an enrolled actuary, as we lete. ralid electronic signature. Iministrator	09/24/2014 Date	DR. KEN C. JONES Enter name of individu	and t	ning as plan adr	knowledge and
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Designing of Vac				(b) End	s Va			
		7-	(a) Beginning of Yea		+		(b) End		ear 05428		
	Total plan assets	7a 7b	000201	•	+				00120		
	Net plan assets (subtract line 7b from line 7a)		380261	4				44	05428		
		7c		_			/b\ T		00420		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) To	otai			
u	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	66281	4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						66	52814		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6000	0							
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							60000)	
i	Net income (loss) (subtract line 8h from line 8c)	8i						6	02814	F	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	-,									
9a		feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	ions:	!		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
a		tions within	n the time period described in		100			AIIIO	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	ection Program)	10a		X					
_	on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					5000	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		Х					
	Were any fees or commissions paid to any brokers, agents, or oth			100							
·	insurance service, or other organization that provides some or all					X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	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							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem							П	Yes	X	No
110	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr								. 55		
	· · · · · · · · · · · · · · · · · · ·		,		-	11a	EDICAG		Yes	Y	No
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	3UZ Of	EKISA?	Ш	168	^	INO
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			ctions	and 4	enter ti	l ne date of th	ne let	ter rul	ina	
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month Day Year										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
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	4b Tr	ust's EIN	

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	nefit Guaranty Corporation	▶ Complete all entries in accord	dance with the instruct	ions to the Form 5500)-SF,		
Part I	Annual Report Id	entification Information	1 (01 (0010	and anding		12/31/201	13
For calenda	ar plan year 2013 or fisca	7	1/01/2013	and ending			
A This retu	urn/report is for:	a single-employer plan	a multiple-employer pla	n (not multiemployer)		a one-particip	Jani pian
B This retu	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	report (less than 12 mg	ontns)	_	
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	on)				
Part II	Basic Plan Inforn	nation—enter all requested inform	ation		46		I
1a Name	of plan				10	Three-digit plan number	
	AR & JONES EYE					(PN) ▶	001
PROF1	IT SHARING PLAN	I			1c	Effective date of	,
						01/01/197	
		ess; include room or suite number (e	mployer, if for a single-e	employer plan)	2b	Employer Identi	
NASSA	AR & JONES EYE	CLINIC, P.A.			20	(EIN) 64-057 Sponsor's telep	
					20	(601) 362-	
971 1	LAKELAND DRIVE,	SUITE 654			2d		(see instructions)
JACKS	SON		MS	39216		621111	
		address XSame as Plan Sponsor N	Name Same as Plan	Sponsor Address	3b	Administrator's	EIN
					30	Administrator's	telephone number
					30	Administrator 5	teropriorio names.
							0005
					 -		-2897
4 If the r	name and/or EIN of the p	olan sponsor has changed since the	last return/report filed fo	r this plan, enter the	4b	EIN	
name		a a financial and anti-molecular			1		
		per from the last return/report.			4c	PN	
a Spons	or's name				 	PN	3
a Sponso	or's name number of participants at	the beginning of the plan year			 	PN	3
a Sponsor 5a Total r b Total r	or's name number of participants at number of participants at	the beginning of the plan year		****************************	5a 5b	PN	3
a Sponse5a Total rb Total rc Numb compl	or's name number of participants at number of participants at er of participants with ac lete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the	plan year (defined bene	fit plans do not	5a 5b 5c		3
a Sponso 5a Total o b Total o C Numb compl	or's name number of participants at number of participants at er of participants with ac lete this item)	the beginning of the plan yearthe end of the plan year	plan year (defined bene ole assets? (See instruct	fit plans do not	5a 5b 5c		3
a Sponsi 5a Total i b Total i c Numb compl	or's name number of participants at number of participants at er of participants with ac lete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the	plan year (defined bene ole assets? (See instruct an independent qualifie	fit plans do not tions.)d public accountant (IC	5a 5b 5c	,	3
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