For	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan				oyee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed u	etirement	2014					
	partment of Labor enefits Security Administration	Income Security Act of 1974 (EF	Internal		orm is Open to lic Inspection				
Pension Be	nefit Guaranty Corporation	Complete all entries in acc	ordance with the inst	ructions to the Form 55	500-SF.	T UD			
Part I		Ientification Information		and and an 10	124/2044				
For calenda	ar plan year 2014 or fisc			6	/31/2014	Line daine har			
	urn/report is for: Irn/report is	a one-participant plan	of participating emplo a foreign plan the final return/report	lan (not multiemployer) yer information in accord n/report (less than 12 m	dance with t	-			
			]			FVC progra			
C Check box if filing under:							im		
	L	special extension (enter description							
Part II	Basic Plan Inform	mation—enter all requested inform	nation		-				
<b>1a</b> Name WHITTINGT		PROFIT SHARING PLAN			<b>1b</b> Threplan (PN)	number	001		
						ctive date o	f plan		
	oonsor's name and addr ON SANDERS, L.L.C.	ess; include room or suite number (e	employer, if for a single	-employer plan)	2b Emp (EIN	01/01/1998 aployer Identification Number N) 64-0854535			
	SHARPE AVENUE					ponsor's telephone number 601-843-3626			
CLEVELAND					2d Busi	usiness code (see instructions) 111900			
<b>3a</b> Plan administrator's name and address Same as Plan Sponsor.						3b Administrator's EIN			
4 If the r	name and/or EIN of the p	plan sponsor has changed since the	last return/report filed fi	or this plan, enter the	4b EIN		telephone number		
	EIN, and the plan numb or's name	per from the last return/report.			<b>4c</b> PN				
		the beginning of the plan year			5a		18		
<b>b</b> Total r	number of participants at	the end of the plan year			5b		19		
		count balances as of the end of the			5c		16		
<b>d(1)</b> Tota	al number of active partie	cipants at the beginning of the plan	/ear		5d(1)		12		
		cipants at the end of the plan year			5d(2)		14		
		ninated employment during the plan			5e		0		
Under pena SB or Sche	alties of perjury and othe dule MB completed and rue, correct, and comple		ns, I declare that I have	examined this return/rep	oort, includi	ng, if applic			
SIGN HERE	Filed with authorized/va	authorized/valid electronic signature.							
	Signature of plan adr	ninistrator	ual signing	as plan adn	ninistrator				
SIGN HERE	Cimentum of omerican		Data	Fator core of individ					
	Signature of employe name (including firm nar	er/plan sponsor ne, if applicable) and address (inclue	Date de room or suite numbe	Enter name of individ er ) (optional)			r or plan sponsor number (optional)		

-	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X Yes 🗌 No				
-		f you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
-	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 40	21)?		Yes	No Not determined				
	rt III Financial Information				-						
	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of Year				
<u> </u>	Total plan assets	7a	10155	CO	_		946314				
	Total plan liabilities	7b	10155		_		046214				
	Net plan assets (subtract line 7b from line 7a)	7c	10155	600	_		946314				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)		0							
	(2) Participants	8a(2)						_			
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	580	)71							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		58071	_			
	Benefits paid (including direct rollovers and insurance premiums	00			-		00071				
ŭ	to provide benefits)	8d	1264	52							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	8	870							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						127322	_			
	Net income (loss) (subtract line 8h from line 8c)						-69251	_			
	Transfers to (from) the plan (see instructions)										
	t IV Plan Characteristics	8j						_			
b	If the plan provides pension benefits, enter the applicable pension $2E$ $3D$ If the plan provides welfare benefits, enter the applicable welfare fer										
Par	V Compliance Questions										
10	During the plan year:				Yes	No	Amount				
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule)	uciary Corr	ection Program)	10a		х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		х					
С	Was the plan covered by a fidelity bond?			10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х					
e	insurance service, or other organization that provides some or all	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)									
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х					
	<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					~					
	2520.101-3.)			10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3										
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•		•				0			
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	<u> </u>				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No	0			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)								

Page 3 - 1

lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
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	Yes 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 of the PBGC?	contro	1	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)	EIN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
	Name of trust ITINGTON SANDERS, L.L.C. PROFIT SHARING PLAN	14b	Trust's EIN 636133229		

	Form 5500-SF Short Form Annual Return/Report of Small Employe Benefit Plan									
Internal Ravenus Service	This form is required to be		4 and 4065 of the Emolo	Vee	2014					
Employen Benefits Security Administration	Retirement Income Security Anthe Internet		1	n is Open to Public						
	- Complete all entries in acc	ordance with the inst	tructions to the Form 55	00-st.						
Part   Annual Report Ider or calendar plan year 2014 or fiscal p	tification Information	01 /01 /001 A			lan taan t					
and the second se	a single-employer plan	01/01/2014			/31/2014					
A This return/report is for:	a one-participant plan he first return/report an amended return/report	of participating emplaned a foreign plan the final return/report a short plan year re	eturn/report (less than 12)	rdance v	with the form in	nstructions)				
	Form 5558	automatic extension	n		DFVC prog	am				
	special extension (enter descrip	•								
Part II Basic Plan Informa a Name of plan	tion - enter all requested in	formation		16	Thomas with th	T				
		-			Three-digit plan number					
Whittington Sanders, L	L.C. Profit Sharing	Plan		the second second	(PN) >-	001				
					Effective date					
a Plan sponsor's name and address WHITTINGTON SANDERS, L	;; include room or suite number .L.C.	r (employer, if for a sin	gle-employer plan)	2b		tification Number				
				20	Sponser's lele	phone number				
229 NORTH SHARPE AVENUE					(601) 843-3626					
					Business code (see instructions) 111900					
a Plan administrator's name and ad	dress V Sama as Plan Soor	sor Name	·····	-	Administrator's	EIN				
If the name and/or EIN of the plan	soonsor has changed since it	e last return/report file	d for this plan enter the	4b 6	=1N	- Manager - March - March - 1995				
name, EIN, and the plan number f	rom the last return/report.	ie idat letuin report nei		40						
a Total number of participants at the	beginning of the plan year			51						
Total number of participants at the				50		19				
Number of participants with accou	int balances as of the end of th	e plan year (defined be	eneñt plans do not	50						
complete this item)						16				
(1) Total number of active participation		-		5d 1		12				
(2) Total number of active participation				5c 2	)	14				
<ul> <li>Number of participants that termin less than 100% vested</li> </ul>	ated employment during the pl			5e		0				
aution: A penalty for the late or inc						v				
Under penalties of perjury and other p B or Schedule MB completed and sig relief, it is true correct, and complete	enalties set forth in the instruct	lons, I declare that I ha	ive examined this return/r	eport, in	cluding, if appl	icable, a Schedule y knowiedge and				
SIGN Complete		8/12/11								
HERE Signature of plan/administr	ator	Date	Enter name of individu	al signin	g as plan admi	nistrator				
SIGN										
HERE Signature of employer/plan	sponsor	Date	Enter name of individu	al signin	g as emplover	or plan sponsor				
reparer's name (including firm name,						number (optional)				
For Paperwork Reduction Act Notice	and OMB Control Numbers	, see the instructions	for Form 5500-SF.		F	orm 5500-SF (2014) v.140124				

	Form 5500-SF 2014		Page 2						
b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno	n indecen nd conditi	(See instructions.)	******		5500.		X Yes	
c	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 402	21)7		Yes	No	Not d	etermined
	rt III Financial Information					1			<u> </u>
	Plan Assets and Liabilities		(a) Beginning of Year		++		(b) End o		
	Total plan assets	7a 7b	1,015,5	55		1		946,	314
	Total plan liabilities	70 7c	1,015,5	55	+	1	ha	946,	314
	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount			1	(b) To		
а	Contributions received or receivable from:			~	1	3.947.2	NRS A GU	and the solution	Sec. 21. 14
	(1) Employers	8a(1)		0	++-				
	(2) Participants	8a(2)	1						
	(3) Others (including rollovers)	8a(3) 8b	58,0	71	11			Service -	L. Service
	Total income (add lines 8a(1), 3a(2), 8a(3), and 8b)	BC			it			58,	071
d	Benefits paid (including direct rollovers and insurance premiums		100 4	-		- 41	Dec. Provide	125.25	asin.
	to provide benefits)	84	126,4	52					10000
-	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	Be 8f	8.	70		_		578.57	
-	Other expenses	8g							1000
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		514				127,	322
	Net income (loss) (subtract line 8h from line 8c)	81		n de				(69,2	51)
	Transfers to (from) the plan (see instructions)	8j				(cintra)	dineoilt.		official State
Pa	rt IV Plan Characteristics								
b	If the plan provides pension benefits, enter the applicable pension fe 2E 3D If the plan provides welfare benefits, enter the applicable welfare fea								
	rt V Compliance Questions				Ye:				
10	During the plan year: Was there a failure to transmit to the plan any participant contribut	lione withi	n the time period described in		Ye:	No		mount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest	iary Corre	ection Program)	10a		x			
D	on line 10a.)		Bicube transactions reported	10b		x			
c	Was the plan covered by a fidelity bond?			10c		x			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x			
e		er person	is by an insurance carrier,						
	instructions.)			10e		x			
f	Has the plan failed to provide any benefit when due under the plan	1?	1	10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		x			
h		See instru	uctions and 29 CFR	10h		x			
1	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	ne require	d notice or one of the	10i	ļ		and the second		
Pa	rt VI Pension Funding Compliance				- II				<del>., ; 10 ,</del> .
11	Is this a defined benefit plan subject to minimum funding requirem 5530) and line 11a below)						(Form		X No
11	a Enter the unpaid minimum required contribution for current year fr	and the second se							
12			and a second			102 of E	RISA2		X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			4.00		UE VI E	COM From		
а		na amortiz	ed in this plan year, see instruc	tions,	and		e date of ti		
							<u> </u>		

		1	1			
	j1	1				
Form 5500-SF 2014 Page 3 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and ski		1	_			
b Enter the minimum required contribution for this plan year			12	6	<u></u>	
			1	<u> </u>	······································	
c Enter the amount contributed by the employer to the plan for this plan year			120			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sinegative amount).	gn to the lef	tofa	120	E E		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		I/A
Part VII Plan Terminations and Transfers of Assets						<u> </u>
13a Has a resolution to terminate the plan been adopted in any plan year?		*******	Y	Yas	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year			138		W	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan of the PBGC?	ı, or broughl	under the	control	1	Yes XI	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan which assets or liabilities were transferred. (See instructions.)	(s). identify t	he plan(s)	0			
13c(1) Name of plan(s):		13	:(1) E	IN(s)	13c(3) PN(s	5)
		Ĩ				
Part VIII Trust Information (optional)						
14a Name of trust			14b	Trust's E	IN	
Whittington Sanders, L.L.C. Profit Sharing Plan				63-61	33229	
		<u> </u>				
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			Second Second			
			· .			

## 5500-SF Electronic Filing Authorization

Plan Name: Whittington Sanders, L.L.C. Profit Sharing Plan EIM/PN: 64-0854535/001 Plan Year: 01/01/2014 - 12/31/2014

I hereby authorize Richard Bullock Jr.CPA at Nail McKinney P.A. to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan strat idate

Plan Sponsor

(date)

(sign)