

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans 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.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/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	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☒ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>SOUTHWEST AR COUNSELING & MENTAL HEALTH CENTER, INC. RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ► <u>001</u>
		1c	Effective date of plan <u>05/01/1970</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SOUTHWEST ARKANSAS COUNSELING & MENTAL HEALTH CENTER, INC.</u> <u>2904 ARKANSAS BOULEVARD</u> <u>TEXARKANA, AR 71854</u>	2b	Employer Identification Number (EIN) <u>71-0526149</u>
		2c	Plan Sponsor's telephone number <u>870-773-4655</u>
		2d	Business code (see instructions) <u>624100</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2017	DANNY STANLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) <u>TIM HOLT, CPA</u> <u>THOMAS & THOMAS, LLP</u> <u>2900 ST MICHAEL DR STE 302</u> <u>TEXARKANA, TX 75503</u>			Preparer's telephone number <u>903-831-3477</u>

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address ☐ Same as Plan Sponsor SOUTHWEST ARKANSAS COUNSELING & MENTAL HEALTH CENTER, INC. 2904 ARKANSAS BOULEVARD TEXARKANA, AR 71854	3b Administrator's EIN 71-0526149 3c Administrator's telephone number 870-773-4655
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 153
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 86 6a(2) 96 6b 6c 64 6d 160 6e 6f 160 6g 160 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2L b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan SOUTHWEST AR COUNSELING & MENTAL HEALTH CENTER, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHWEST ARKANSAS COUNSELING & MENTAL HEALTH CENTER, INC.	D Employer Identification Number (EIN) 71-0526149

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	68597	160	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 4469	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid DAVID COOK 2929 ALLEN PARKWAY HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4005			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid ASIM AWAN 2929 ALLEN PARKWAY HOUSTON, TX 77019
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
298			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

UNASSIGNED

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
75			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JAMES DE GREGORIO

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
60			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LONDON FREEMAN

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 2363484**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 2902564**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

2218513

c Additions: (1) Contributions deposited during the year**7c(1)**

117284

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

45272

(4) Transferred from separate account

7c(4)

226180

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

388736

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

2607249

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

219376

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

23479

(4) Other (specify below)

7e(4)

910

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions

7e(5)

243765

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

2363484

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan SOUTHWEST AR COUNSELING & MENTAL HEALTH CENTER, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHWEST ARKANSAS COUNSELING & MENTAL HEALTH CENTER, INC.	D Employer Identification Number (EIN) 71-0526149	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

VARIABLE ANNUITY LIFE INSURANCE CO.

2929 ALLEN PARKWAY
HOUSTON, TX 77019

74-1625348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	SERVICE PROVIDER	7188	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>SOUTHWEST AR COUNSELING & MENTAL HEALTH CENTER, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOUTHWEST ARKANSAS COUNSELING & MENTAL HEALTH CENTER, INC.</u>	D Employer Identification Number (EIN) <u>71-0526149</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		4205
(2) Participant contributions	1b(2)		7086
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	14821	13102
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2653906	2692152
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2432366	2560794
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5101093	5277339

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5101093	5277339
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Part II Income and Expense Statement

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	107784	
(B) Participants	2a(1)(B)	191820	
(C) Others (including rollovers)	2a(1)(C)	28132	
(2) Noncash contributions	2a(2)		327736
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			52634
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	52634	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		52634
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		245982
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		626352

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	444435	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		444435
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	5671	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		5671
j Total expenses. Add all expense amounts in column (b) and enter total	2j		450106

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		176246
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: THOMAS & THOMAS, LLP

(2) EIN: 71-0271741

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X		2560794
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No **Amount:**

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

**SOUTHWEST ARKANSAS COUNSELING
AND MENTAL HEALTH CENTER, INC.
403(b) PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTARY SCHEDULES**

**DECEMBER 31, 2016 AND 2015
(WITH INDEPENDENT AUDITOR'S REPORTS THEREON)**

SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC. 403(B) PLAN

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INDEPENDENT AUDITOR'S REPORT ON FINANCIAL STATEMENTS

The Plan Administrator of the
Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan
Texarkana, Arkansas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 11 which was certified by The Variable Annuity Life Insurance Company (VALIC), the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that The Variable Annuity Life Insurance Company (the Trustee) holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2016 and 2015, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

As described in Note 12, the Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin (FAB) 2009-02 and supplemented by FAB 2010-1. Investment income and distributions have also been excluded from the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2016. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Disclaimer of Opinion

Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of Assets (Held at End of Year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Thomas & Thomas, LLP

CERTIFIED PUBLIC ACCOUNTANTS

Texarkana, Texas
September 25, 2017

FINANCIAL STATEMENTS

Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS

	December 31,	
	<u>2016</u>	<u>2015</u>
Investments, at Fair Value		
Investments at Fair Value	\$ 2,705,254	\$ 2,668,727
Investments at Contract Value	<u>2,560,794</u>	<u>2,432,366</u>
Total Investments	<u>5,266,048</u>	<u>5,101,093</u>
Receivables		
Employer Contributions	4,205	-
Participant Contributions	<u>7,086</u>	<u>-</u>
Total Receivables	<u>11,291</u>	<u>-</u>
Total Assets	<u><u>5,277,339</u></u>	<u><u>5,101,093</u></u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 5,277,339</u></u>	<u><u>\$ 5,101,093</u></u>

The accompanying notes are an integral part of these financial statements.

Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2016

Additions to Net Assets Attributed to:

Investment income:

Net Appreciation in Fair Value of Investments	\$ 245,983
Interest	<u>52,634</u>

Total Investment Gain	<u>298,617</u>
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Contributions:

Employer Contributions	107,784
Participant Contributions	191,820
Rollover Contributions	<u>28,132</u>

Total Contributions	<u>327,736</u>
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Total Additions	<u>626,353</u>
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Deductions from Net Assets Attributed to:

Benefits Paid to Participants	444,435
Administrative Expenses	<u>5,671</u>

Total Deductions	<u>450,106</u>
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Net Increase	176,247
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Net Assets Available for Benefits:

Beginning of Year	<u>5,101,093</u>
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End of Year	<u><u>\$ 5,277,339</u></u>
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The accompanying notes are an integral part of these financial statements.

SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC. 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2016 and 2015

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

- A. **General** – The Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan is a defined contribution 403(b) plan covering substantially all full-time employees of Southwest Arkansas Counseling and Mental Health Center (the Employer and Plan Administrator). Established March 1, 1968, the Plan provides for retirement, death and disability benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The assets of the Plan are held and invested by the Variable Annuity Life Insurance Company (VALIC) (the Trustee).
- B. **Contributions** – Employees are permitted to make contributions to the Plan by entering into a salary reduction agreement with the Employer, whereby the employee agrees to reduce his or her future salary payments by a specific amount or percentage, and the Employer agrees to apply such salary reduction amounts to an investment arrangement on behalf of the employee.

Employer contributions are discretionary but must adhere to the following:

Contributions are based on each participant's covered compensation and cannot exceed fifteen percent of the employee's covered compensation or the maximum limitation imposed by the Internal Revenue Code, whichever is less.

- C. **Participant Accounts** – Each participant's account is credited with the employees' elective deferrals, employer contributions, and plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- D. **Vesting** – Under the Plan, an eligible employee is credited with a year of service upon the completion of 6 months of employment or 1,000 hours of service. Eligible employees are vested in the following manner:
- | | |
|------------------------------|------|
| Less than 3 years of service | 0% |
| 3 years or more | 100% |
- E. **Benefits** – Under the Plan, employees are entitled to distributions equal to their vested benefits at the time of retirement (age 65), termination or disability. Vested benefits will be paid to an employee's beneficiary in the case of death. The Plan Administrator shall direct the Trustee to distribute a married participant's vested account balance in the form of a qualified joint and survivor annuity, and an unmarried participant's vested account balance will be paid in the form of a life annuity, unless the participant makes a valid waiver election within the ninety day period ending on the date the Plan will commence benefits.
- F. **Forfeited Accounts** – As of December 31, 2016 and 2015, there were forfeited non-vested accounts which were available to reduce employer contributions in the amount of \$2,948 and \$2,504, respectively.

NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2016 and 2015

NOTE 1 – DESCRIPTION OF PLAN (Continued)

- G. **Participant Loans** – Participants may borrow from their fund accounts a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The maximum term of a loan may not exceed 5 years unless it is for the purpose of buying, building, or substantially rehabilitating the participant's personal residence. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4% to 7%, which are commensurate with local prevailing rates being charged at the time of the loan.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan.

- A. **Basis of Accounting** – The financial statements of the Plan are prepared using the accrual basis of accounting.
- B. **Use of Estimates** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.
- C. **Investment Valuation and Income Recognition** – Investments in money market funds are valued at fair value using quoted market prices. Investments in variable annuity contracts are valued at the net asset value per share at the close of each business day as reported by each fund, which value their securities at fair value. The Plan's guaranteed interest investments contracts are valued at contract value. See Note 4 for discussion of fair value measurements and disclosure for investments recorded at the net asset values.

The Plan presents in the Statements of Changes in Net Assets Available for Benefits the net appreciation or depreciation in the fair value of investments which consists of realized gains or losses, and the unrealized appreciation or depreciation on those investments. Purchases and sales of securities are recorded on a trade- date basis.

- D. **Excluded Contracts and Accounts** – The Plan Administrator has elected to exclude certain contracts and accounts from Plan assets in accordance with DOL FAB 2009-02, as discussed in note 12, due to the fact that:
- The contract or account was issued to a current or former employee before January 1, 2009.
 - The employer ceased to have any obligation to make contributions (including employee salary reduction contributions), and in fact stopped making contributions to the contract or account balance before January 1, 2009.
 - All the rights under the contract or account are legally enforceable against the insurer by the individual owner of the contract or account without any involvement by the employer.
 - The individual owner of the contract would be fully vested in the contract or account.
 - When the Plan Administrator elects to exclude certain contracts in accordance with DOL FAB 2009-02, then the excluded contracts are not in accordance with accounting principles generally accepted in the United States of America and accordingly, it is not intended that these financial statements be presented in accordance with accounting principles generally accepted in the United States of America.

NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2016 and 2015

NOTE 3 – TAX STATUS

The Internal Revenue Service has not provided a determination letter as it relates to the Plan. The Employer is of the opinion that the Plan and related trust (as restated January 1, 2007) are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator does not believe that it has any uncertain tax positions. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013.

NOTE 4 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (level 3). Valuation techniques maximize the use of relevant observable inputs and minimized the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1

Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2

Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- a. Quoted prices for similar assets or liabilities in active markets
- b. Quoted prices for identical or similar assets or liabilities in inactive markets
- c. Inputs other than quoted prices that are observable for the asset or liability
- d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, that Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3

Inputs that are unobservable inputs for the asset or liability.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

1. Variable annuity contracts are valued at the net asset value of the underlying mutual fund less daily charges. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC. 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2016 and 2015

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The Plan's assets held at fair value as of December 31, 2016 and 2015 are \$2,705,254 and \$2,668,727 respectively. These assets are the variable annuity contracts that use the net asset value of the underlying assets as a practical expedient. In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2016 and 2015, respectively.

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If currently Eligible)</u>	<u>Redemption Notice Period</u>
December 31, 2016				
Variable Annuity Contracts	\$ 2,692,152	N/A	Daily	N/A
Money Market Funds	\$ 13,102	N/A	Daily	N/A
December 31, 2015				
Variable Annuity Contracts	\$ 2,653,906	N/A	Daily	N/A
Money Market Funds	\$ 14,821	N/A	Daily	N/A

Gains and losses (realized and unrealized) included in the statement of changes in net assets available for benefits for the year ended December 31, 2016 are reported in net appreciation in fair value of investments.

NOTE 5 – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan offers a guaranteed interest account option with the Variable Annuity Life Insurance Company (VALIC). These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus interest, less participant withdrawals, and administrative expenses. The Plan only has a traditional investment contract with no synthetic investment contracts being held during the years ended December 31, 2016 or 2015.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1%. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC. 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2016 and 2015

NOTE 5 – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS (Continued)

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 403(a) of the Internal Revenue Code.
2. Premature termination of the contracts
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the plan sponsor or other plan sponsor events that significantly affect the plans normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer.

NOTE 6 – RELATED PARTY/PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of variable annuity contracts, fixed annuity contracts and money market funds which are managed by The Variable Annuity Life Insurance Company (VALIC), the Trustee as defined by the Plan and, therefore, qualifies as a party-in-interest.

NOTE 7 – PLAN LOANS

Participants investing through Variable Annuity Life Insurance Company (VALIC) may use their vested balance to collateralize loans directly from VALIC outside of the plan. The balances of these policy loans are not paid through payroll deductions and are not included in the Plan assets. However, upon commencement of the loan, an amount equal to the principal amount loaned by VALIC is transferred from the participant's investment account to the Loan Collateral Fund and Loan Escrow Fund. These funds are fixed income investments that earn a stated rate of interest that is allocated to the individual participant. As payments are made to VALIC outside the plan, the collateral is released from the Loan Collateral and Loan Escrow Funds and reinvested according to the participant elections for contributions. A policy loan is considered to be in default when no payments are made within 45 days after the due date of the payment. Upon default, VALIC will foreclose on the loan and remove the collateral from the Plan if the participant has a right to a current distribution.

SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC. 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2016 and 2015

NOTE 7 – PLAN LOANS (Continued)

A participant has a right to a current distribution when they terminate employment or reach retirement age. If the participant is not eligible for a current distribution, the collateral will remain in the Plan until the loan is paid in full or the participant becomes eligible for a distribution. At December 31, 2016 and 2015, \$169,891 and \$189,292, respectively, were policy loans outstanding while \$194,109 and \$210,315 as of December 31, 2016 and 2015, respectively, were held as collateral for the policy loans.

NOTE 8 – COMMITMENTS

At December 31, 2016 and 2015, \$1,779,601 and \$805,393, respectively, was due to former employees who are deceased, retired, or have terminated employment. These obligations will not be reported as deductions from net assets until payment is made.

NOTE 9 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

NOTE 10 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities which are exposed to risks such as interest rate changes, market fluctuations and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 11 – INFORMATION CERTIFIED BY THE PLAN'S TRUSTEES

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following information included in the accompanying financial statements and supplementary schedules is complete and accurate.

- The total investments as shown in the accompanying Statements of Net Assets Available for Benefits of \$5,266,048 and \$5,101,093 as of December 31, 2016 and 2015, respectively.
- The total investment gain as shown in the accompanying Statement of Changes of Net Assets Available for Benefits of \$298,617 for the year ended December 31, 2016.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplementary schedule.

SOUTHWEST ARKANSAS COUNSELING AND MENTAL HEALTH CENTER, INC. 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2016 and 2015

NOTE 12 – EXCLUSION OF PRE-2009 ASSETS

In February of 2010, the Department of Labor issued Field Assistance Bulletin (FAB) 2010-01, Annual Reporting and ERISA Coverage for 403(b) Plans, which supplements DOL FAB 2009-02 and allows the Plan Administrator of a 403(b) Plan to exclude from net assets, pre-2009 assets that meet certain criteria. The Plan has included assets held by the Variable Annuity Life Insurance Company (VALIC), the present Plan asset custodian and trustee. Any assets that existed before VALIC became the Plan custodian and trustee or were not transferred to VALIC when the Plan Sponsor changed the custodian and trustee were not included in the beginning net assets as permitted by the field assistance bulletin.

NOTE 13 – SUBSEQUENT EVENTS

In accordance with FASB ASC 855-10 - *Subsequent Events*, which requires disclosure of the date through which the Plan has evaluated subsequent events, the Plan has evaluated events through September 25, 2017, the date on which the financial statements were available to be issued, and has determined that no additional disclosures are necessary.

NOTE 14 – RECLASSIFICATION

Certain accounts relating to the prior year have been reclassified to conform to the current year presentation. The reclassifications have no effect of previously reported net increase in net assets available for benefit.

**SUPPLEMENTARY SCHEDULES REQUIRED BY
EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA)
AND THE DEPARTMENT OF LABOR (DOL)**

Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Form 5500, Schedule H, Part IV, Line 4i)

December 31, 2016

EIN 75-1289172

Plan Number 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including maturity date, interest rate, collateral, par or maturity value	(d) Cost	(e) Current Value
	Money Market Funds			
*	Money Market Fund I	Money Market Fund	**	\$ 11,435
*	Money Market Fund II	Money Market Fund	**	1,667
	Total Money Market Funds			<u>13,103</u>
	Guaranteed Investment Contracts			
*	Fixed Account Plus	Guaranteed Investment Contracts	**	2,177,260
*	Short Term Fixed Account	Guaranteed Investment Contracts	**	186,224
	Total Guaranteed Investment Contracts			<u>2,363,484</u>
	Loan Collateral			
*	Loan Collateral	Loan Collateral Account	**	197,309
	Total Loan Collateral			<u>197,309</u>
	Variable Annuity Contracts			
*	Ariel Appreciation Fund	Variable Annuity Contracts	**	4,563
*	Blue Chip Growth Fund	Variable Annuity Contracts	**	50,408
*	Capital Appreciation Fund	Variable Annuity Contracts	**	1,080
*	Conservative Growth Lifestyle	Variable Annuity Contracts	**	106,900
*	Core Bond Fund	Variable Annuity Contracts	**	53,486
*	Dividend Value	Variable Annuity Contracts	**	20,303
*	Emerging Economies	Variable Annuity Contracts	**	56,704
*	Foreign Value	Variable Annuity Contracts	**	58,216
*	Global Real Estate Fund	Variable Annuity Contracts	**	26,629

Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Form 5500, Schedule H, Part IV, Line 4i)

December 31, 2016

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Plan Number 001

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*	Global Strategy	Variable Annuity Contracts	**	107,100
*	Government Securities Fund	Variable Annuity Contracts	**	5,946
*	Growth & Income Fund	Variable Annuity Contracts	**	12,057
*	Health Sciences Fund	Variable Annuity Contracts	**	46,296
*	High Yield Bond Fund	Variable Annuity Contracts	**	24,372
*	Inflation Protected Fund	Variable Annuity Contracts	**	26,054
*	International Equities Fund	Variable Annuity Contracts	**	70,911
*	International Growth Fund	Variable Annuity Contracts	**	64,150
*	International Opportunities	Variable Annuity Contracts	**	53,497
*	Invesco Balanced Risk Commodity Fund	Variable Annuity Contracts	**	33,925
*	Large Cap Core	Variable Annuity Contracts	**	28,458
*	Large Cap Value Fund	Variable Annuity Contracts	**	102,128
*	Large Capital Growth	Variable Annuity Contracts	**	1,004
*	Mid Cap Growth Fund	Variable Annuity Contracts	**	24,427
*	Mid Cap Index Fund	Variable Annuity Contracts	**	173,277
*	Mid Cap Strategic Growth	Variable Annuity Contracts	**	988
*	Mid Cap Value Fund	Variable Annuity Contracts	**	187,719
*	Moderate Growth Lifestyle	Variable Annuity Contracts	**	52,468
*	Nasdaq-100® Index Fund	Variable Annuity Contracts	**	72,111
*	Science & Technology Fund	Variable Annuity Contracts	**	1,621
*	Small Cap Aggressive Growth	Variable Annuity Contracts	**	8,843
*	Small Cap Fund	Variable Annuity Contracts	**	1,488
*	Small Cap Growth Fund	Variable Annuity Contracts	**	375
*	Small Cap Index Fund	Variable Annuity Contracts	**	98,859

Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Form 5500, Schedule H, Part IV, Line 4i)

December 31, 2016

EIN 75-1289172

Plan Number 001

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*	Small Cap Special Value Fund	Variable Annuity Contracts	**	4,633
*	Small Cap Value Fund	Variable Annuity Contracts	**	165,951
*	Socially Responsible Fund	Variable Annuity Contracts	**	99,838
*	Stock Index Fund	Variable Annuity Contracts	**	245,913
*	Strategic Bond Fund	Variable Annuity Contracts	**	180,655
*	Value Fund	Variable Annuity Contracts	**	2,818
*	Vanguard Life strategy Growth	Variable Annuity Contracts	**	80,368
*	Vanguard Long-term Treasury	Variable Annuity Contracts	**	14,541
*	Vanguard Windsor II	Variable Annuity Contracts	**	321,071
	Total Annuities			<u>2,692,152</u>
	Total Investments			<u>\$ 5,266,048</u>

* Party-in-Interest Transaction

** Not required in participant directed plans

Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Form 5500, Schedule H, Part IV, Line 4i)

December 31, 2016

EIN 75-1289172

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Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Form 5500, Schedule H, Part IV, Line 4i)

December 31, 2016

EIN 75-1289172

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Southwest Arkansas Counseling and Mental Health Center, Inc. 403(b) Plan

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Form SS00, Schedule H, Part IV, Line 4i)

December 31, 2016

EIN 75-1289172

Plan Number 001

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