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).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	l			
For calend	dar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 1	2/31/2017	
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	-	
_		a one-participant plan	a foreign plan			
B This ret	turn/report is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC progra	m
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name THE DERM	•	01(K) SALARY SAVINGS PLAN			1b Three-diging plan number (PN) ▶	
					1c Effective of	date of plan 01/01/2010
		loyer, if for a single-employer plan)			2b Employer	Identification Number
		om, apt., suite no. and street, or P.C ace, country, and ZIP or foreign post		structions)	(EIN)	27-0777008
-	R. HAIRSTON, MD, P		, ,	,		telephone number 62-328-3375
					2d Business	code (see instructions)
724 LEIGH COLUMBUS	DRIVE S, MS 39705					621111
3a Plan a	administrator's name a	and address X Same as Plan Spo	nsor.		3b Administra	ator's EIN
					3c Administra	ator's telephone number
		he plan sponsor or the plan name h			4b EIN	
	olan, enter the plan sp sor's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN	
C Plan						
		and the headers of the observer			5a	10
		is at the beginning of the plan years at the end of the plan year			5b	18 18
		n account balances as of the end of				18
comp	olete this item)				5c	
` '		articipants at the beginning of the plants in a task at the second of the plants.	-		5d(1) 5d(2)	16
		earticipants at the end of the plan ye to terminated employment during the				13
than	100% vested				5e	0
Under per SB or Sch	alties of perjury and o	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, a projete.	ctions, I declare that I have	e examined this return/re	port, including, if	applicable, a Schedule
SIGN		d/valid electronic signature.	06/11/2018	BECKY JANSSEN		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator
SIGN						
HERE	Signature of emp	lover/plan sponsor	Date	Enter name of individ	ual signing as en	nplover or plan sponsor

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the you answered "No" to either line 6a or line 6b, the plan cannot lift the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit not use Fo nsurance p	ndent qualified public a iions.) rrm 5500-SF and mus rrogram (see ERISA se	account t instea ection 4	ant (IC ad use 021)?	(PA) • Form	ı 5500.] Yes	Yes No
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year
a	Total plan assets	7a	5	34135				742944
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	5	34135				742944
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total
а	Contributions received or receivable from:			44450				
	(1) Employers	8a(1)		41153				
	(2) Participants	8a(2)		71456				
	(3) Others (including rollovers)	8a(3)			_			
	Other income (loss)	8b		99680				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						212289
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3480				
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						3480
ī	Net income (loss) (subtract line 8h from line 8c)	8i						208809
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics	, ,,	L					
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:
	2E 2F 2G 2J 2K 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	•	•	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X		
	reported on line 10a.)					^		
d	, , ,			100	^			70000
	by fraud or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	X			2255
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х		
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	he require	d notice or one of the	10ii				

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	. Y	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of			es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t		of the letter Year	ruling
lf y	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?		Yes	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 control of the PBGC?			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): 13c(2)	EIN(s)		13c(3)	PN(s)

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).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification	Information						
For calenda	ar plan year 2017 or	fiscal plan year begin	nning	01/01		and ending		2/31/2017	
A This ret	urn/report is for:	X a single-emplo	yer plan	list o	of participating	plan (not multiemplo employer information	yer) (Filers o in accordar	checking this bo nce with the form	nx must attach a minstructions.)
		a one-participa	ant plan	a fore	eign plan				
B This retu	ırn/report is	the first return.			nal return/repo				
		an amended r	eturn/report	a sho	irt plan year re	turn/report (less than	12 months)		
C Check t	oox if filing under:	Form 5558			matic extensio	n	DF	VC program	
			ion (enter descr						
Part II	Basic Plan In	formation—enter	all requested in	ormation			41-	TI 11-14	T
1a Name THE DERI		NIC 401(K) S.	ALARY SAVI	INGS P	LAN		ID	Three-digit plan number (PN)	001
								Effective date of 1/01/2010	· ·
Mailing	address (include re	oloyer, if for a single- oom, apt., suite no. a	nd street, or P.C	D. Box)		\		Employer Ident (EIN) 27-07	tification Number 77008
	town, state or provi Y R. HAIRSTO	ince, country, and ZIIN, MD, PLLC	or foreign post	al code (I	r foreign, see i	nstructions)		Sponsor's tele	
724 LEI	IGH DRIVE							Business code 521111	(see instructions)
COLUMBU	JS	MS	39705						
									telephone number
this p	name and/or EIN of lan, enter the plan s sor's name	the plan sponsor or sponsor's name, EIN,	the plan name h the plan name	as change and the pl	ed since the la lan number fro	st return/report filed f m the last return/repo	ort.	PN	
c Plan									
5a Total	number of participa	nts at the beginning	of the plan year				5	ia	18
								b	18
c Num!	per of participants w	ith account balances	as of the end of	the plan	year (only defi	ned contribution plan	6	ic	18
							5d	l(1)	16
								1(2)	13
Q(Z) 10	tal number of active	who terminated emplo	ovment during th	e nlan ve	ar with accrue	d benefits that were l			
than	100% vested							ie	0
Under per SB or Sch	nalties of neriury and	d other penalties set t d and signed by an e	orth in the instru	ictions. Li	declare that I has the electronic	sed unless reasona have examined this re- c version of this return BECKY JANS	turn/report, n/report, and	including, if app	olicable, a Schedule my knowledge and
HERE	Signature of pla		TE 18.7		Date	Enter name of	individual si	igning as plan a	dministrator
SIGN HERE	Signature of em	ployer/plan sponso	•r		Date	Enter name of	individual si	igning as emplo	yer or plan sponsor
	Jaginaturo or on	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				The second section is a second popular to the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the second section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the secti	THE RESERVE AND DESCRIPTION OF THE PERSON.		Form 5500-SF (2017)

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b A	Vere all of the plan's assets during the plan year invested in eligible we you claiming a waiver of the annual examination and report of a nder 29 CFR 2520.104-46? (See instructions on waiver eligibility a f you answered "No" to either line 6a or line 6b, the plan cannot the plan cannot want to be seen the plan cannot want to be want to be without the plan cannot want to be	an inclepend and condition	dent qualified public acons.)	counta	nt (IQF	PA)	X Y	
c If	the plan is a defined benefit plan, is it covered under the PBGC in f "Yes" is checked, enter the My PAA confirmation number from the	surance pro	ogram (see ERISA sec	tion 40	21)?		s No Not de	etermined tructions.)
Part	III Financial Information							
7 P	Plan Assets and Liabilities		(a) Beginning of	Year			(b) End of Year	
ат	otal plan assets	7a	5	34,1	.35			742,944
b T	otal plan liabilities	7b						
c N	Net plan assets (subtract line 7b from line 7a)	7c		34,1	135			742,944
8 1	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: 1) Employers	8a(1)		41,1				
(2) Participants	8a(2)		71,4	156			
(3) Others (including rollovers)	8a(3)						
b (Other income (loss)	8b		99,6	580			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8lc						212,289
d E	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8id		3,	480			
e	Certain deemed and/or corrective distributions (see instructions)	8le			_			
f /	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h ·	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3,480
i	Net income (loss) (subtract line 8h from line 8c)	Bi						208,809
j	Transfers to (from) the plan (see instructions)	Bj						
Pari	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare to	feature cod	es from the List of Plar	n Chara	acteris	tic Codes	in the instructions:	
Part	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		Х		
С	Was the plan covered by a fidelity bond?			10c	X			70,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ther person me or all of	s by an insurance the benefits under	10e	Х			2,255
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		X		
q	2:111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			10g		Х		
-	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	d notice or one of the	10i				

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	200	-3-	

s this a defined benefit plan subject to minimum funding requirements? Form 5500) and line 11a below)	(If "Yes," see instructions and	complete Sche	edule S	B 	Y	es N
Enter the unpaid minimum required contributions for all years from Sch	edule SB (Form 5500) line 40.		11a			
ERISA?		Code or section	302 of		Y	es X N
f a waiver of the minimum funding standard for a prior year is being am granting the waiver.	nortized in this plan year, see ir	nstructions, and Month	enter t Day	he date	of the letter Year	ruling
ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and skip to line	e 13.				
nter the minimum required contribution for this plan year			12b			
nter the amount contributed by the employer to the plan for this plan ye	ear		12c			
			12d			
Will the minimum funding amount reported on line 12d be met by the fu	inding deadline?			Yes	No	N/A
II Plan Terminations and Transfers of Assets						
Has a resolution to terminate the plan been adopted in any plan year?				Ye	s X No)
If "Yes," enter the amount of any plan assets that reverted to the emplo	yer this year		13a			
Were all the plan assets distributed to participants or beneficiaries, tran	nsferred to another plan, or bro	ought under the			Yes X	No
	his plan to another plan(s), ide	ntify the plan(s) to			
Bc(1) Name of plan(s):		13c(2)	EIN(s)		13c(3	PN(s)
		-				-
	s this a defined benefit plan subject to minimum funding requirements? Form 5500) and line 11a below) Enter the unpaid minimum required contributions for all years from Sch Is this a defined contribution plan subject to the minimum funding requirements? Is this a defined contribution plan subject to the minimum funding requirements? If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as a far a waiver of the minimum funding standard for a prior year is being an granting the waiver. Su completed line 12a, complete lines 3, 9, and 10 of Schedule MB inter the minimum required contribution for this plan year. Inter the amount contributed by the employer to the plan for this plan year inter the amount in line 12c from the amount in line 12b. Enter the megative amount) Will the minimum funding amount reported on line 12d be met by the full Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer all the plan assets distributed to participants or beneficiaries, transcontrol of the PBGC?	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and Form 5500) and line 11a below) Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40. Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver. For completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line inter the minimum required contribution for this plan year Inter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brocontrol of the PBGC? If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche Form 5500) and line 11a below). Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SI Form 5500) and line 11a below)	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB Form 5500) and line 11a below)	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB