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

Parti	Annual Report	identification information							
For calend	ar plan year 2017 or fis	scal plan year beginning 01/01/2	1/2017 and ending 12/31/2017						
A This re	This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)								
	·	a one-participant plan	a foreign plan						
B This reti	urn/report is	the first return/report	the final return/report	the final return/report					
		an amended return/report	rt a short plan year return/report (less than 12 months)						
C Check	box if filing under:	X Form 5558	automatic extension	☐ DFVC program					
	_	special extension (enter descri	. ,						
Part II	Basic Plan Info	rmation—enter all requested info	ormation						
1a Name	of plan				1b Three-digi	t			
THE STRON	NG HEART CLINIC 401	I(K) PLAN			plan numb	er			
					(PN) •	001			
						1c Effective date of plan 01/01/2009			
		yer, if for a single-employer plan)			2b Employer	Identification Number			
		n, apt., suite no. and street, or P.O			(EIN) 26-2473344				
-		e, country, and ZIP or foreign posta	ai code (if foreign, see instr	uctions)	2c Sponsor's telephone number				
THE STRUM	NG HEART CLINIC, PL	LC			662-281-1115				
					2d Business code (see instructions)				
	RSON DAVIS DR.				621111				
OXFORD, M	IS 38655								
3a Plan a	dministrator's name an	id address 🔀 Same as Plan Spon	sor.		3b Administra	tor's EIN			
				-	3c Administrator's telephone number				
					3C Administra	tor's telephone number			
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.					4b EIN				
	or's name	, , ,	•	,	4d PN				
C Plan N	C Plan Name								
5a Total	number of participants	at the beginning of the plan year			5a	16			
b Total number of participants at the end of the plan year			<u>L</u>	5b	16				
		account balances as of the end of t		-	5c	16			
d(1) Total number of active participants at the beginning of the plan year				5d(1)	15				
d(2) Total number of active participants at the end of the plan year				5d(2)	15				
e Number of participants who terminated employment during the plan year with accrued benefits that were less			5e	0					
Caution: /	100% vested	or incomplete filing of this return	Ironart will be assessed	unloss rossonable cau		nd .			
		ner penalties set forth in the instruc							
SB or Schedule MB completed and signed by an enrolled actuary, 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		valid electronic signature.	uture. 09/25/2018 MARK STRONG						
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as pla	an administrator			
SIGN	Filed with authorized/	valid electronic signature.	09/25/2018	MARK STRONG					
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	dual signing as employer or plan sponsor				

Form 5500-SF 2017 Page **2**

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					Yes No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,					X Yes No		
С	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C 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		-					(See instructions.)		
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			of Year			
а	Total plan assets	7a		28120			` ,	1358050		
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	102	1028120			1358050			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	(a) Amount			(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	{	84303						
	(2) Participants	8a(2)	Ę	59799						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	· · · · · · · · · · · · · · · · · · ·								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						366045		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		36090						
е	Certain deemed and/or corrective distributions (see instructions)									
f	Administrative service providers (salaries, fees, commissions)	8f		25						
g	g Other expenses			0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						36115		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						329930		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pai	Part IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	acterist	ic Cod	les in the insti	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		X				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X				
С	C Was the plan covered by a fidelity bond?			10c	Χ			135000		
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		X				
е	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.)			10e		X				
f	f Has the plan failed to provide any benefit when due under the plan?			10f		X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g		Χ				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

Form 5500-SF 2017	Page 3- 1		
-------------------	------------------	--	--

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	nedule S	B	[] Y	′es X 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 o	f 	Y	′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, ar granting the waiver			of the lette Year _	r 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				
C Enter the amount contributed by the employer to the plan for this plan year						
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?		Ye	s X N	0	
	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	13c(1) Name of plan(s): 13c(2)			13c(3) PN(s)		