

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2017</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input checked="" type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                         |

|                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                             | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>SOUTHWEST AR COUNSELING &amp; MENTAL HEALTH CENTER, INC. RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                                                  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>05/01/1970</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>71-0526149</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>870-773-4655</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>624100</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> | <b>1c</b> Effective date of plan<br><u>05/01/1970</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>71-0526149</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>870-773-4655</u> |  | <b>2d</b> Business code (see instructions)<br><u>624100</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                                   | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>05/01/1970</u>                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>71-0526149</u>                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>870-773-4655</u>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>624100</u>                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>SOUTHWEST ARKANSAS COUNSELING &amp; MENTAL HEALTH CENTER, INC.</u><br><br><u>2904 ARKANSAS BOULEVARD</u><br><u>TEXARKANA, AR 71854</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2018 | DANNY STANLEY                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2017)  
v. 170203

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>SOUTHWEST ARKANSAS COUNSELING & MENTAL HEALTH CENTER, INC.<br><br>2904 ARKANSAS BOULEVARD<br>TEXARKANA, AR 71854                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br>71-0526149<br><br><b>3c</b> Administrator's telephone number<br>870-773-4655                                |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>5</b> 160                                                                                                                                 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 96<br><b>6a(2)</b> 94<br><b>6b</b><br><b>6c</b> 63<br><b>6d</b> 157<br><b>6e</b><br><b>6f</b> 157<br><b>6g</b> 157<br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7</b>                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2G 2L<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

**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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 \_\_\_\_\_

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                                             |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017                                  |                                                             |
| <b>A</b> Name of plan<br>SOUTHWEST AR COUNSELING & MENTAL HEALTH CENTER, INC. RETIREMENT PLAN                               | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>SOUTHWEST ARKANSAS COUNSELING & MENTAL HEALTH CENTER, INC. | <b>D</b> Employer Identification Number (EIN)<br>71-0526149 |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                             |
|-----------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>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                                 | 157                                                                         | 01/01/2017              | 12/31/2017 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> 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. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                     |                                      |
|-----------------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid<br>4596 | <b>(b)</b> Total amount of fees paid |
|-----------------------------------------------------|--------------------------------------|

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 4177                                          |                                 |             | 3                     |

|                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>OCTAVIO SANTOS<br>2929 ALLEN PARKWAY<br>HOUSTON, TX 77019 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 273                                           |                                 |             | 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 |                       |
| 123                                           |                                 |             | 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 |                       |
| 23                                            |                                 |             | 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 |                       |
|                                               |                                 |             |                       |

(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.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 2169448 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 3190136 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> Balance at the end of the previous year .....                                                  | <b>7b</b>    | 2363484 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> | 81015   |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> |         |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> | 45795   |
| (4) Transferred from separate account .....                                                             | <b>7c(4)</b> | 76216   |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> |         |
| ▶                                                                                                       |              |         |
| (6) Total additions .....                                                                               | <b>7c(6)</b> | 203026  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 2566510 |
| <b>e</b> Deductions:                                                                                    |              |         |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> | 332720  |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> |         |
| (3) Transferred to separate account .....                                                               | <b>7e(3)</b> | 63189   |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> | 1153    |
| ▶ <b>CONTRACT SURRENDER CHARGES</b>                                                                     |              |         |
| (5) Total deductions .....                                                                              | <b>7e(5)</b> | 397062  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 2169448 |

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

Specify nature of costs.

**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. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2017</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                                             |                                                             |     |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017                                  |                                                             |     |
| <b>A</b> Name of plan<br>SOUTHWEST AR COUNSELING & MENTAL HEALTH CENTER, INC. RETIREMENT PLAN                               | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                                             |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>SOUTHWEST ARKANSAS COUNSELING & MENTAL HEALTH CENTER, INC. | <b>D</b> Employer Identification Number (EIN)<br>71-0526149 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

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

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

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

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

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

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

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

---

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26                     | SERVICE PROVIDER                                                                                  | 8393                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>SOUTHWEST AR COUNSELING &amp; MENTAL HEALTH CENTER, INC. RETIREMENT PLAN</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>001</u>     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SOUTHWEST ARKANSAS COUNSELING &amp; MENTAL HEALTH CENTER, INC.</u>                                                                                                                                   |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>71-0526149</u>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    | 4205                  | 4129            |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    | 7086                  | 6675            |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    | 13102                 | 10267           |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    |                       | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 2692152               | 2950450         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 2560794               | 2398867         |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 5277339               | 5370388         |

**Liabilities**

|                                                                           |           |  |  |
|---------------------------------------------------------------------------|-----------|--|--|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |  |  |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |  |  |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |  |  |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |  |  |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> |  |  |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 5277339 | 5370388 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 110986     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 186754     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 45698      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 343438    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 53411      |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 53411     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            |           |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                |        | (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) |            | 438824    |
| c Other income .....                                                                           | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 835673    |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 735806 |        |
| (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) |        | 735806 |
| 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) | 6818   |        |
| (4) Other .....                                                                     | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 6818   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 742624 |

**Net Income and Reconciliation**

|                                                          |       |  |       |
|----------------------------------------------------------|-------|--|-------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 93049 |
| 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, PLLC

(2) EIN: 83-1863068

**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  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|---------|
| <b>c</b> 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.) .....                                          | <b>4c</b> |     | X  |         |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |         |
| <b>g</b> 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? .....                                                    | <b>4g</b> | X   |    | 2398867 |
| <b>h</b> 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? .....                                          | <b>4h</b> |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |         |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |         |
| <b>n</b> 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. ....                                      | <b>4n</b> |     | X  |         |

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

**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.)

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

**FINANCIAL STATEMENTS AND  
SUPPLEMENTARY SCHEDULES**

**DECEMBER 31, 2017 AND 2016  
(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**

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, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, 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 K 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 VALIC (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, 2017 and 2016, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

As described in Note L, 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, 2017. 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**

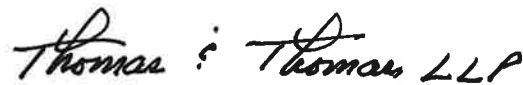
Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraphs, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Other Matter**

The supplemental schedule of assets as of December 31, 2017, 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 schedule 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.

Handwritten signature in black ink that reads "Thomas & Thomas LLP". The signature is written in a cursive, flowing style.

CERTIFIED PUBLIC ACCOUNTANTS

Texarkana, Texas  
September 14, 2018

## **FINANCIAL STATEMENTS**

**SOUTHWEST ARKANSAS COUNSELING AND MENTAL  
HEALTH CENTER, INC. 403(b) PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31,**

**ASSETS**

|                                          | <u>2017</u>                | <u>2016</u>                |
|------------------------------------------|----------------------------|----------------------------|
| <b>Investments</b>                       |                            |                            |
| Investments at Fair Value                | \$ 2,960,717               | \$ 2,705,254               |
| Investments at Contract Value            | <u>2,398,867</u>           | <u>2,560,794</u>           |
| Total Investments                        | <u>5,359,584</u>           | <u>5,266,048</u>           |
| <b>Receivables</b>                       |                            |                            |
| Employer Contributions                   | 4,129                      | 4,205                      |
| Participant Contributions                | <u>6,675</u>               | <u>7,086</u>               |
| Total Receivables                        | <u>10,804</u>              | <u>11,291</u>              |
| <b>TOTAL ASSETS</b>                      | <u>5,370,388</u>           | <u>5,277,339</u>           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 5,370,388</u></u> | <u><u>\$ 5,277,339</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  
YEAR ENDED DECEMBER 31, 2017**

**ADDITIONS**

Additions To Net Assets Attributed To:

Investment income:

Net Appreciation in Fair

Value of Investments

\$ 438,824

Interest

53,411

Total Investment Income

492,235

Contributions:

Employer Contributions

110,986

Participant Contributions

186,754

Rollover Contributions

45,697

Total Contributions

343,437

**TOTAL ADDITIONS**

835,672

**DEDUCTIONS**

Deductions From Net Assets Attributed To:

Benefits Paid to Participants

735,806

Administrative Expenses

6,818

**TOTAL DEDUCTIONS**

742,624

**NET INCREASE**

93,048

**NET ASSETS AVAILABLE FOR BENEFITS:**

**BEGINNING OF YEAR**

5,277,339

**END OF YEAR**

\$ 5,370,388

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

**SOUTHWEST ARKANSAS COUNSELING AND MENTAL  
HEALTH CENTER, INC. 403(b) PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2017 AND 2016**

**NOTE A – 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.

1. **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, Inc. (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).
2. **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. The Center contributed 1% of the first 3% of base compensation that a participant contributes to the Plan.

3. **Participant Accounts** – Each participant's account is credited with the participant's elective deferrals, employer contributions, and plan earnings, and is charged with an allocation of administrative expenses paid by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
4. **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% |

5. **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.
6. **Forfeited Accounts** – As of December 31, 2017 and 2016, there were forfeited non-vested accounts which were available to reduce employer contributions in the amount of \$7,593 and \$2,948, respectively.

**SOUTHWEST ARKANSAS COUNSELING AND MENTAL  
HEALTH CENTER, INC. 403(b) PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2017 AND 2016**

**NOTE A – DESCRIPTION OF PLAN (CONTINUED)**

7. **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 B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

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

1. **Basis of Accounting** – The financial statements of the Plan are prepared using the accrual basis of accounting.
2. **Use of Estimates** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.
3. **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 D for discussion of fair value measurements and disclosure for investments recorded at the net asset values.

The Plan presents in the statement 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.

4. **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 L, 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.

**SOUTHWEST ARKANSAS COUNSELING AND MENTAL  
HEALTH CENTER, INC. 403(b) PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2017 AND 2016**

**NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

5. **Participant Loans** – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.
6. **Payment of Benefits** – Benefits are recorded when paid.
7. **Administrative Expenses** – All expenses of maintaining the Plan are paid by the Plan, except for audit fees.

**NOTE C – 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 2014.

**NOTE D – 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 Fair Value Measurements***

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 Fair Value Measurements***

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.

**SOUTHWEST ARKANSAS COUNSELING AND MENTAL  
HEALTH CENTER, INC. 403(b) PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2017 AND 2016**

**NOTE D – FAIR VALUE MEASUREMENTS (CONTINUED)**

***Level 3 Fair Value Measurements***

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, 2017 and 2016.

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.

The Plan's assets held at fair value as of December 31, 2017 and 2016 are \$2,960,717 and \$2,705,254, 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, 2017 and 2016, respectively.

|                                 | <u>Fair Value</u> | <u>Unfunded<br/>Commitments</u> | <u>Redemption<br/>Frequency (If<br/>currently<br/>Eligible)</u> | <u>Redemption<br/>Notice Period</u> |
|---------------------------------|-------------------|---------------------------------|-----------------------------------------------------------------|-------------------------------------|
| <b><u>December 31, 2017</u></b> |                   |                                 |                                                                 |                                     |
| Variable Annuity Contracts      | \$ 2,950,450      | N/A                             | Daily                                                           | N/A                                 |
| Money Market Funds              | \$ 10,267         | N/A                             | Daily                                                           | N/A                                 |
| <b><u>December 31, 2016</u></b> |                   |                                 |                                                                 |                                     |
| Variable Annuity Contracts      | \$ 2,692,152      | N/A                             | Daily                                                           | N/A                                 |
| Money Market Funds              | \$ 13,102         | 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, 2017 are reported in net appreciation in fair value of investments.

**NOTE E – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS**

The Plan offers a guaranteed interest account option with 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, 2017 or 2016.

**SOUTHWEST ARKANSAS COUNSELING AND MENTAL  
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NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2017 AND 2016**

**NOTE E – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS (CONTINUED)**

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.

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 F – 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 VALIC, the Trustee as defined by the Plan and, therefore, qualifies as a party-in-interest.

**NOTE G – PLAN LOANS**

Participants investing through 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  
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NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2017 AND 2016**

**NOTE G – 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, 2017 and 2016, \$197,856 and \$169,891, respectively, were policy loans outstanding while \$226,196 and \$194,109 as of December 31, 2017 and 2016, respectively, were held as collateral for the policy loans.

**NOTE H – COMMITMENTS**

At December 31, 2017 and 2016, \$1,928,750 and \$1,779,601, 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 I – 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 J – 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 K – 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 \$5,359,584 and \$5,266,048 as of December 31, 2017 and 2016, respectively.
- The total investment gain as shown in the accompanying statement of changes of net assets available for benefits of \$492,235 for the year ended December 31, 2017.

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.

**NOTE L – 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 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.

**SOUTHWEST ARKANSAS COUNSELING AND MENTAL  
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NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2017 AND 2016**

**NOTE M – SUBSEQUENT EVENTS**

Subsequent events were evaluated through September 14, 2018, which is the date the financial statements were available to be issued.

**NOTE N – 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, 2017

**EIN 75-1289172**

**Plan Number 001**

| <b>(a)</b>                             | <b>(b) Identity of Issue, Borrower,<br/>Lessor or Similar Party</b> | <b>(c) Description of Investment<br/>Including maturity date, interest<br/>rate, collateral, par or<br/>maturity value</b> | <b>(d) Cost</b> | <b>(e) Current<br/>Value</b> |
|----------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|
| <b>Money Market Funds</b>              |                                                                     |                                                                                                                            |                 |                              |
| *                                      | Money Market Fund I                                                 | Money Market Fund                                                                                                          | **              | \$ 8,607                     |
| *                                      | Money Market Fund II                                                | Money Market Fund                                                                                                          | **              | 1,660                        |
| Total Money Market Funds               |                                                                     |                                                                                                                            |                 | 10,267                       |
| <b>Guaranteed Investment Contracts</b> |                                                                     |                                                                                                                            |                 |                              |
| *                                      | Fixed Account Plus                                                  | Guaranteed Investment Contracts                                                                                            | **              | 1,961,818                    |
| *                                      | Short Term Fixed Account                                            | Guaranteed Investment Contracts                                                                                            | **              | 207,629                      |
| Total Guaranteed Investment Contracts  |                                                                     |                                                                                                                            |                 | 2,169,448                    |
| <b>Participant Loans</b>               |                                                                     |                                                                                                                            |                 |                              |
| *                                      | Loan Collateral                                                     | Loan Collateral Account                                                                                                    | **              | 226,196                      |
| *                                      | Loan Escrow                                                         | Loan Escrow Account                                                                                                        | **              | 3,223                        |
| Total Participant Loans                |                                                                     |                                                                                                                            |                 | 229,419                      |

**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, 2017

**EIN 75-1289172**

**Plan Number 001**

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|-----------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| <b>Variable Annuity Contracts</b> |                                                             |                                                                                                                  |          |                      |
| *                                 | Ariel Appreciation Fund                                     | Variable Annuity Contracts                                                                                       | **       | 5,000                |
| *                                 | Blue Chip Growth Fund                                       | Variable Annuity Contracts                                                                                       | **       | 65,381               |
| *                                 | Capital Appreciation Fund                                   | Variable Annuity Contracts                                                                                       | **       | 1,326                |
| *                                 | Conservative Growth Lifestyle                               | Variable Annuity Contracts                                                                                       | **       | 435                  |
| *                                 | Core Bond Fund                                              | Variable Annuity Contracts                                                                                       | **       | 65,755               |
| *                                 | Dividend Value                                              | Variable Annuity Contracts                                                                                       | **       | 39,777               |
| *                                 | Emerging Economies                                          | Variable Annuity Contracts                                                                                       | **       | 89,209               |
| *                                 | Foreign Value                                               | Variable Annuity Contracts                                                                                       | **       | 75,665               |
| *                                 | Global Real Estate Fund                                     | Variable Annuity Contracts                                                                                       | **       | 29,184               |
| *                                 | Global Strategy                                             | Variable Annuity Contracts                                                                                       | **       | 120,765              |
| *                                 | Government Securities Fund                                  | Variable Annuity Contracts                                                                                       | **       | 6,007                |
| *                                 | Growth & Income Fund                                        | Variable Annuity Contracts                                                                                       | **       | 15,182               |
| *                                 | Health Sciences Fund                                        | Variable Annuity Contracts                                                                                       | **       | 58,998               |
| *                                 | High Yield Bond Fund                                        | Variable Annuity Contracts                                                                                       | **       | 36,325               |
| *                                 | Inflation Protected Fund                                    | Variable Annuity Contracts                                                                                       | **       | 33,397               |

**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, 2017

**EIN 75-1289172**  
**Plan Number 001**

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|------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|
| *          | International Equities Index Fund                                   | Variable Annuity Contracts                                                                                                 | **              | 103,664                      |
| *          | International Growth Fund                                           | Variable Annuity Contracts                                                                                                 | **              | 82,077                       |
| *          | International Opportunities                                         | Variable Annuity Contracts                                                                                                 | **              | 73,668                       |
| *          | Invesco Balanced Risk Commodity Fund                                | Variable Annuity Contracts                                                                                                 | **              | 40,514                       |
| *          | Large Cap Core                                                      | Variable Annuity Contracts                                                                                                 | **              | 34,231                       |
| *          | Large Cap Value Fund                                                | Variable Annuity Contracts                                                                                                 | **              | 120,058                      |
| *          | Large Capital Growth                                                | Variable Annuity Contracts                                                                                                 | **              | 1,278                        |
| *          | Mid Cap Growth Fund                                                 | Variable Annuity Contracts                                                                                                 | **              | 27,931                       |
| *          | Mid Cap Index Fund                                                  | Variable Annuity Contracts                                                                                                 | **              | 207,361                      |
| *          | Mid Cap Strategic Growth                                            | Variable Annuity Contracts                                                                                                 | **              | 1,235                        |
| *          | Mid Cap Value Fund                                                  | Variable Annuity Contracts                                                                                                 | **              | 209,594                      |
| *          | Moderate Growth Lifestyle                                           | Variable Annuity Contracts                                                                                                 | **              | 55,079                       |
| *          | Nasdaq-100(R) Index Fund                                            | Variable Annuity Contracts                                                                                                 | **              | 103,451                      |
| *          | Science & Technology Fund                                           | Variable Annuity Contracts                                                                                                 | **              | 1,871                        |
| *          | Small Cap Aggressive Growth                                         | Variable Annuity Contracts                                                                                                 | **              | 18,172                       |
| *          | Small Cap Fund                                                      | Variable Annuity Contracts                                                                                                 | **              | 1,691                        |

**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, 2017

**EIN 75-1289172**  
**Plan Number 001**

| (a)                    | (b) Identity of Issue, Borrower,<br>Lessor or Similar Party | (c) Description of Investment<br>Including maturity date, interest<br>rate, collateral, par or<br>maturity value | (d) Cost | (e) Current<br>Value       |
|------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|----------------------------|
| *                      | Small Cap Growth Fund                                       | Variable Annuity Contracts                                                                                       | **       | 527                        |
| *                      | Small Cap Index Fund                                        | Variable Annuity Contracts                                                                                       | **       | 116,321                    |
| *                      | Small Cap Special Value Fund                                | Variable Annuity Contracts                                                                                       | **       | 5,102                      |
| *                      | Small Cap Value Fund                                        | Variable Annuity Contracts                                                                                       | **       | 174,839                    |
| *                      | Socially Responsible Fund                                   | Variable Annuity Contracts                                                                                       | **       | 119,318                    |
| *                      | Stock Index Fund                                            | Variable Annuity Contracts                                                                                       | **       | 298,661                    |
| *                      | Strategic Bond Fund                                         | Variable Annuity Contracts                                                                                       | **       | 114,302                    |
| *                      | Value Fund                                                  | Variable Annuity Contracts                                                                                       | **       | 3,218                      |
| *                      | Vanguard Long-term Treasury                                 | Variable Annuity Contracts                                                                                       | **       | 15,633                     |
| *                      | Vanguard Windsor II                                         | Variable Annuity Contracts                                                                                       | **       | 378,245                    |
| <b>Total Annuities</b> |                                                             |                                                                                                                  |          | <u>2,950,450</u>           |
|                        |                                                             |                                                                                                                  |          | <u><u>\$ 5,359,584</u></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, 2017

EIN 75-1289172  
 Plan Number 001

| (a)                                    | (b) Identity of Issue, Borrower,<br>Lessor or Similar Party | (c) Description of Investment<br>Including maturity date, interest<br>rate, collateral, par or<br>maturity value | (d) Cost | (e) Current<br>Value |
|----------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| <b>Money Market Funds</b>              |                                                             |                                                                                                                  |          |                      |
| *                                      | Money Market Fund I                                         | Money Market Fund                                                                                                | **       | \$ 8,607             |
|                                        | Money Market Fund II                                        | Money Market Fund                                                                                                | **       | 1,660                |
|                                        | Total Money Market Funds                                    |                                                                                                                  |          | <u>10,267</u>        |
| <b>Guaranteed Investment Contracts</b> |                                                             |                                                                                                                  |          |                      |
| *                                      | Fixed Account Plus                                          | Guaranteed Investment Contracts                                                                                  | **       | 1,961,818            |
| *                                      | Short Term Fixed Account                                    | Guaranteed Investment Contracts                                                                                  | **       | 207,629              |
|                                        | Total Guaranteed Investment Contracts                       |                                                                                                                  |          | <u>2,169,448</u>     |
| <b>Participant Loans</b>               |                                                             |                                                                                                                  |          |                      |
| *                                      | Loan Collateral                                             | Loan Collateral Account                                                                                          | **       | 226,196              |
| *                                      | Loan Escrow                                                 | Loan Escrow Account                                                                                              | **       | 3,223                |
|                                        | Total Participant Loans                                     |                                                                                                                  |          | <u>229,419</u>       |

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, 2017

EIN 75-1289172  
Plan Number 001

| (a)                               | (b) Identity of Issue, Borrower,<br>Lessor or Similar Party | (c) Description of Investment<br>Including maturity date, interest<br>rate, collateral, par or<br>maturity value | (d) Cost | (e) Current<br>Value |
|-----------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| <b>Variable Annuity Contracts</b> |                                                             |                                                                                                                  |          |                      |
| *                                 | Ariel Appreciation Fund                                     | Variable Annuity Contracts                                                                                       | **       | 5,000                |
| *                                 | Blue Chip Growth Fund                                       | Variable Annuity Contracts                                                                                       | **       | 65,381               |
| *                                 | Capital Appreciation Fund                                   | Variable Annuity Contracts                                                                                       | **       | 1,326                |
| *                                 | Conservative Growth Lifestyle                               | Variable Annuity Contracts                                                                                       | **       | 435                  |
| *                                 | Core Bond Fund                                              | Variable Annuity Contracts                                                                                       | **       | 65,755               |
| *                                 | Dividend Value                                              | Variable Annuity Contracts                                                                                       | **       | 39,777               |
| *                                 | Emerging Economies                                          | Variable Annuity Contracts                                                                                       | **       | 89,209               |
| *                                 | Foreign Value                                               | Variable Annuity Contracts                                                                                       | **       | 75,665               |
| *                                 | Global Real Estate Fund                                     | Variable Annuity Contracts                                                                                       | **       | 29,184               |
| *                                 | Global Strategy                                             | Variable Annuity Contracts                                                                                       | **       | 120,765              |
| *                                 | Government Securities Fund                                  | Variable Annuity Contracts                                                                                       | **       | 6,007                |
| *                                 | Growth & Income Fund                                        | Variable Annuity Contracts                                                                                       | **       | 15,182               |
| *                                 | Health Sciences Fund                                        | Variable Annuity Contracts                                                                                       | **       | 58,998               |
| *                                 | High Yield Bond Fund                                        | Variable Annuity Contracts                                                                                       | **       | 36,325               |
| *                                 | Inflation Protected Fund                                    | Variable Annuity Contracts                                                                                       | **       | 33,397               |

**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, 2017

**EIN 75-1289172**  
**Plan Number 001**

| (a) | (b) Identity of Issue, Borrower,<br>Lessor or Similar Party | (c) Description of Investment<br>Including maturity date, interest<br>rate, collateral, par or<br>maturity value | (d) Cost | (e) Current<br>Value |
|-----|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| *   | International Equities Index Fund                           | Variable Annuity Contracts                                                                                       | **       | 103,664              |
| *   | International Growth Fund                                   | Variable Annuity Contracts                                                                                       | **       | 82,077               |
| *   | International Opportunities                                 | Variable Annuity Contracts                                                                                       | **       | 73,668               |
| *   | Invesco Balanced Risk Commodity Fund                        | Variable Annuity Contracts                                                                                       | **       | 40,514               |
| *   | Large Cap Core                                              | Variable Annuity Contracts                                                                                       | **       | 34,231               |
| *   | Large Cap Value Fund                                        | Variable Annuity Contracts                                                                                       | **       | 120,058              |
| *   | Large Capital Growth                                        | Variable Annuity Contracts                                                                                       | **       | 1,278                |
| *   | Mid Cap Growth Fund                                         | Variable Annuity Contracts                                                                                       | **       | 27,931               |
| *   | Mid Cap Index Fund                                          | Variable Annuity Contracts                                                                                       | **       | 207,361              |
| *   | Mid Cap Strategic Growth                                    | Variable Annuity Contracts                                                                                       | **       | 1,235                |
| *   | Mid Cap Value Fund                                          | Variable Annuity Contracts                                                                                       | **       | 209,594              |
| *   | Moderate Growth Lifestyle                                   | Variable Annuity Contracts                                                                                       | **       | 55,079               |
| *   | Nasdaq-100(R) Index Fund                                    | Variable Annuity Contracts                                                                                       | **       | 103,451              |
| *   | Science & Technology Fund                                   | Variable Annuity Contracts                                                                                       | **       | 1,871                |
| *   | Small Cap Aggressive Growth                                 | Variable Annuity Contracts                                                                                       | **       | 18,172               |
| *   | Small Cap Fund                                              | Variable Annuity Contracts                                                                                       | **       | 1,691                |

**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, 2017

**EIN 75-1289172**  
**Plan Number 001**

| (a)                      | (b) Identity of Issue, Borrower,<br>Lessor or Similar Party | (c) Description of Investment<br>Including maturity date, interest<br>rate, collateral, par or<br>maturity value | (d) Cost | (e) Current<br>Value |
|--------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| *                        | Small Cap Growth Fund                                       | Variable Annuity Contracts                                                                                       | **       | 527                  |
| *                        | Small Cap Index Fund                                        | Variable Annuity Contracts                                                                                       | **       | 116,321              |
| *                        | Small Cap Special Value Fund                                | Variable Annuity Contracts                                                                                       | **       | 5,102                |
| *                        | Small Cap Value Fund                                        | Variable Annuity Contracts                                                                                       | **       | 174,839              |
| *                        | Socially Responsible Fund                                   | Variable Annuity Contracts                                                                                       | **       | 119,318              |
| *                        | Stock Index Fund                                            | Variable Annuity Contracts                                                                                       | **       | 298,661              |
| *                        | Strategic Bond Fund                                         | Variable Annuity Contracts                                                                                       | **       | 114,302              |
| *                        | Value Fund                                                  | Variable Annuity Contracts                                                                                       | **       | 3,218                |
| *                        | Vanguard Long-term Treasury                                 | Variable Annuity Contracts                                                                                       | **       | 15,633               |
| *                        | Vanguard Windsor II                                         | Variable Annuity Contracts                                                                                       | **       | 378,245              |
| <b>Total Investments</b> |                                                             |                                                                                                                  |          | 2,950,450            |
|                          |                                                             |                                                                                                                  |          | <u>\$ 5,359,584</u>  |

\* Party-in-Interest Transaction

\*\* Not required in participant directed plans