

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is	☒ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C Check box if filing under:	☐ Form 5558 ☐ automatic extension ☒ DFVC program ☐ special extension (enter description)
D If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐	

Part II Basic Plan Information —enter all requested information													
1a Name of plan <u>ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY, INC. 403B</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 40%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/17/1994</u> </td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>11/17/1994</u>									
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2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY, INC.</u> <u>1 TRUMAN PARKWAY STE 101</u> <u>ANNAPOLIS, MD 21401</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">2b Employer Identification Number (EIN) <u>52-1881240</u></td> <td style="width: 40%;"></td> </tr> <tr> <td>2c Sponsor's telephone number <u>410-222-7858</u> </td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>624100</u> </td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>52-1881240</u>		2c Sponsor's telephone number <u>410-222-7858</u>		2d Business code (see instructions) <u>624100</u>							
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3a Plan administrator's name and address ☒ Same as Plan Sponsor.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">3b Administrator's EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td>3c Administrator's telephone number</td> <td></td> </tr> </table>	3b Administrator's EIN		3c Administrator's telephone number									
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">4b EIN</td> <td style="width: 40%;"></td> </tr> <tr> <td>4d PN</td> <td></td> </tr> </table>	4b EIN		4d PN									
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5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5a</td> <td style="width: 40%; text-align: right;"><u>110</u></td> </tr> <tr> <td>5b</td> <td style="text-align: right;"><u>109</u></td> </tr> <tr> <td>5c</td> <td style="text-align: right;"><u>109</u></td> </tr> <tr> <td>5d(1)</td> <td style="text-align: right;"><u>64</u></td> </tr> <tr> <td>5d(2)</td> <td style="text-align: right;"><u>58</u></td> </tr> <tr> <td>5e</td> <td style="text-align: right;"><u>0</u></td> </tr> </table>	5a	<u>110</u>	5b	<u>109</u>	5c	<u>109</u>	5d(1)	<u>64</u>	5d(2)	<u>58</u>	5e	<u>0</u>
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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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	03/21/2024	ADRIENNE MICKLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	4024181	5206379
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	4024181	5206379
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	356708	
(2) Participants	8a(2)	293954	
(3) Others (including rollovers)	8a(3)	68100	
b Other income (loss)	8b	604081	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1322843
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	140547	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	98	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		140645
i Net income (loss) (subtract line 8h from line 8c)	8i		1182198
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2F 2G 2T
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below..... ☐ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a**

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

FORM 5500
(ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN)
Name of Plan: Anne Arundel Mental Health Agency, Inc. 403(b) Retirement Plan
Plan Sponsor Name: Anne Arundel County Mental Health Agency, Inc.
Plan Sponsor EIN: 52-1881240
Plan Number: 001

Anne Arundel County Mental Health Agency, Inc. (the “Plan Sponsor”) sponsors the Anne Arundel Mental Health Agency, Inc. 403(b) Retirement Plan (the “Plan”). The Plan originally was adopted effective November 17, 1994. Accordingly, Forms 5500 should have been filed for the Plan with respect to prior years. However, due to erroneous information provided to the Plan Sponsor by both the Plan’s prior service providers and by the IRS or DOL, the Plan Sponsor was under the mistaken impression that the Plan was not subject to the Form 5500 filing requirement. Accordingly, Form 5500 filings were not made with respect to the Plan for prior years.

In 2021, the Plan Sponsor became aware that a Form 5500 should be filed for the Plan each year. At that point, the Plan Sponsor immediately began working with employee benefits counsel and the Plan’s service providers to try to satisfy this filing obligation. However, despite the Plan Sponsor’s best efforts, the recordkeeper for the Plan, formerly USAA and then Victory Capital, was unable to provide the Plan Sponsor with the information necessary to complete and file the Forms 5500 for the Plan for pre-2021 plan years. That is, despite having numerous conversations with the Plan’s prior recordkeeper and attempting in every way possible to obtain the necessary information to prepare and file the Forms 5500 for years prior to 2021, the Plan’s prior recordkeeper was unable or refused to provide the information necessary to complete and file the pre-2021 Forms 5500 for the Plan.

Due to this and other difficulties with the Plan’s prior recordkeeper, the Plan Sponsor has since transitioned the Plan to a new recordkeeper. The Plan’s new recordkeeper has assisted with the preparation of the Forms 5500 for the Plan going back to the 2021 plan year. However, for the reasons stated above, it is not possible to prepare the Form 5500 for the Plan for years prior to 2021. Accordingly, rather than submit pre-2021 Form 5500s for the Plan with inaccurate and/or faulty information, the Plan Sponsor is submitting the Forms 5500 for the Plan for the 2021 and 2022 years under the Department of Labor’s Delinquent Filer Voluntary Correction Program. Additionally, the Plan Sponsor is committed to ensuring that the Form 5500 for the Plan for the 2023 and future plan years is filed timely.

For the reasons described above, the Plan Sponsor respectfully requests that any penalties associated with the Form 5500 requirements for the Plan for years prior to 2021 be waived for reasonable cause. In this regard, we note that Section 2560.502c-2(b) of the Regulations instructs that the Department should, when evaluating any amount assessed as a penalty, including a complete waiver of the penalty, take into consideration “mitigating circumstances” and “the degree and/or willfulness of the failure or refusal to file.” In this case, we respectfully submit that a complete waiver of any penalties for pre-2021 Form 5500 filings for the Plan is appropriate due to the multitude of mitigating circumstances, as well as the fact that the Plan Sponsor took immediate steps to file the delinquent Forms 5500 for the Plan to the extent feasible as soon as the Plan Sponsor became aware both that this obligation existed that it had not been previously satisfied.