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.

0040

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Par	rt I	Annual Report Identification Information						
For ca	alenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending	2/31/	2012		
A Th	nis retu	urn/report is for: X a single-employer plan a multip	ole-employer pla	n (not multiemployer)	r) a one-participant plan			
			I return/report			_		
			olan year return/	report (less than 12 m	onths)		
C C	hack h		tic extension	• (DFVC program			
0 01	HECK D	special extension (enter description)						
Par	4 II	Basic Plan Information—enter all requested information						
		of plan			1b	Three-digit		
		ER & SONS, INC. PROFIT SHARING PLAN				plan number		
						(PN) •	001	
					1c	Effective date of	•	
2a Þ	Dlan er	consor's name and address; include room or suite number (employer,	if for a single-ei	mplover plan)	2h	07/01/ Employer Identif		
		ER & SONS, INC.	, ii ioi a sirigie-ei	inployer plan)	25		26800	
					2c	Sponsor's telep	hone number	
P. O. B						662-489		
THAXT	ΓON, Ν	MS 38871			2d	Business code (
			7		0.1	23620		
3a ₽	Plan ac	dministrator's name and address XSame as Plan Sponsor Name	Same as Plan S	Sponsor Address	3b	Administrator's I	EIN	
					3c	Administrator's t	elephone number	
							·	
		name and/or EIN of the plan sponsor has changed since the last return EIN, and the plan number from the last return/report.	n/report filed for	this plan, enter the	4b	EIN		
		or's name			4c	PN		
		number of participants at the beginning of the plan year			5a		4	
b 1	Total n	number of participants at the end of the plan year			5b		3	
		er of participants with account balances as of the end of the plan year						
		ete this item)			5c		3	
		all of the plan's assets during the plan year invested in eligible assets					X Yes No	
		ou claiming a waiver of the annual examination and report of an indepo 29 CFR 2520.104-46? (See instructions on waiver eligibility and conc					X Yes No	
		answered "No" to either line 6a or line 6b, the plan cannot use F						
		penalty for the late or incomplete filing of this return/report will						
		alties of perjury and other penalties set forth in the instructions, I decla					able, a Schedule	
		dule MB completed and signed by an enrolled actuary, as well as the	e electronic versi	on of this return/repor	t, and	to the best of my	knowledge and	
bellel,	, 11 15 1	rue, correct, and complete.						
SIGN		Filed with authorized/valid electronic signature. 10/1	11/2013	CINDI WEBB				
HERE	Ξ [Signature of plan administrator Date	e	Enter name of individ	ual si	ual signing as plan administrator		
SIGN		Filed with authorized/valid electronic signature.	11/2013	CINDI WEBB	DI WEBB			
HERE		Signature of employer/plan sponsor Date	e	Enter name of individ	ndividual signing as employer or plan sponsor			
Prepa	arer's r	name (including firm name, if applicable) and address; include room of					number (optional)	

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Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End	of Year						
(4) = 13.11.11.3	of fear						
- 1-1-1-1-1	7004						
a Total plan assets 7a 6680	7224						
b Total plan liabilities	7004						
C Net plan assets (subtract line 7b from line 7a)	7224						
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) T a Contributions received or receivable from:	otal						
(1) Employers							
(2) Participants							
(3) Others (including rollovers)							
b Other income (loss)							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	830						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)							
Certain deemed and/or corrective distributions (see instructions) 8e							
f Administrative service providers (salaries, fees, commissions) 8f							
g Other expenses							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	286						
i Net income (loss) (subtract line 8h from line 8c)	544						
j Transfers to (from) the plan (see instructions)							
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 instruction of the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction of the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction of the plan pension of the pension of the plan pension of the pension of the pension of the pen	tions:						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction	ons:						
Part V Compliance Questions							
10	Amount						
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)	Amount						
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
A West harden according 6 to 5 to 10 and 6							
vas the plan covered by a facility bond:							
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
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.)							
f Has the plan failed to provide any benefit when due under the plan?							
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)							
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)							
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							
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 line 11a below)							
1a Enter the amount from Schedule SB line 39							
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
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 granting the waiver	he letter ruling 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							

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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To:16624**9**925840001<u>1</u>

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Form 5500-SF Department of the Treasury	Short Form Annual	Return/Repo Benefit Plan	rt of Small	Employee CMB Nos. 12			
Infernal Revenue Service	This form is required to be filed under sections 104 and 4005 at the				/e e		2012
Department of Labor Employee Benefils Security Administration	Lizement income peonity 40	et of 1974 (ERISA), a smal Revenue Code	nd section 60576) and 608	58(a) o	This Form	is Open to Public
Pension Bonefit Guaranty Corporation	 Complete all entries in accordance 	Form 55	nn ée		nspection		
Part Annual Report Id	enincation information	-u.		rum 33	VU-Sr.	<u> </u>	
For calendar plan year 2012 or fisca		01/ <u>01/2</u> 01,				2/31/2012	
A This return/report is for:	L	a multiple-employ		m plo yer)		a one-partic	ipant plan
The Wildingpart is,	the first return/report an emended return/report] the final return/rep					
C Check box if filing under:	Form \$658	ā short plan year i		than 12 n	nonths		
77.	special extension (enter description)	_ sutomatic extensi	on			☐ DFVC progra	βM
Partill Basic Plan Inform	nation anter all requested info		(P-1)				
1a Name of plan	TARGET AND AN TECHNOLOGY INTO	omation			16	Three-digit	1
J. C. Hooker & Sons,	Inc. Profit Sharing Pl.	an			'~	plan number	
		-vma			70	(PN) ► Effective date o	001
28 Plan sponsor's name and address					1 44	07/01/1982	r plan
J. Q. Hooker & Sons,	ss; include room or suite number (Inc.	(employer, If for a sir	ngle-employer plar	1)	2b	Employer Identi (EIN) 64-06:	fication Number
F. O. Box 8						Sponsor's talep (662) 489-2	hone number
US Thaxton	MS 38871				2d		see instructions)
3a Plan administrator's name and a	ddress 🐒 Same as Plan Sponso	or Name 🔲 Same a	e Plan Sponsor A	ddtess		Administrator's (=fN
			•			· ····································	4,114
4 If the name and/or EIN of the plan	B Sponsor has changed since the	1	- modelline			o Allianness	elephone number
name, EIN, and the plan number a Sponsor's name	n sponsor has changed since the I from the last return/report.	rast return/report filed	i for this plan, ent	er the	4b 8		,
Sa Total number of participants at the	s beginning of the olan year				40 F	אי	- Philadelphia
 intal nominest of batticibatite at suf 	e end of the plan year				<u>5a</u> 5b		4
Consider this item)	Int openices as of the end of the p	lan year (defined be	nefit plana do not	1 -			3
Andread of the bigure 992672 CINDS	iy the plan year invested in eligible	: 868êts? <i>(</i> See instru	ctione \	li .	<u>5c</u>		3
b Are you claiming a waiver of the au under 29 CFR 2520,104-467 (See	innual examination and raport of a	n independant qualif	ed public account	änt (IQPA	()	tès eves estre empp _e	X Yes No
<u>If you answered "No" to either (i</u>	ine 5a or line 6b, the plan canno	t use Form 5500.SF	and must instea	fri super Ca	was All	ina.	XYes No
Caution: A penalty for the late or inc	complete filing of this return/ren	ort will be seesee	dustree research	Men anim		. f. 1.19 di / 1	, , , , , , , , , , , , , , , , , , ,
Under penalties of perjury and other pe SB or Schedule MB completed and sig belief, it is true, correct, and complete.	enames set forth in the instructions						ble, a Schedule
SIGN Centill W	7/h	1			***		
HERE Signature of plan administra	ator	Date 10/11/20/3	Cindi Webb	······································			ANGEL CONTRACTOR OF THE PARTY O
SIGN		Date 1-11/20/3	Enter name of in	dividual s	gning	as plan adminis	trator
HERE Signature of employer/plan	sponsor	Date					
Preparer's name (including firm name, i	if applicable) and address; include	room or suite numb	Enter name of in	S IBUDIAN	gaing easter	as employer or 's telaphone nu	plan sponsor
For Paperwork Reduction Act Notice :					and the second	Companie nu	nect (optional)

	Part III Financial Information									
7	Plan Assets and Liabilities	(a) Beginning of Yea		*		(b) End of Year				
а	Total plan assets						***************************************	7,224		
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	6,6	6,680			7,224			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	***************************************		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)		***************************************						
	(3) Others (including rollovers)	8a(3)					E 10			
b	Other income (loss)	8b	8:	30						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		(2011) (2011)		830				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	21	86		830				
е	Certain deemed and/or corrective distributions (see instructions)	8e		***************************************		0.00				
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						286		
i	Net income (loss) (subtract line 8h from line 8c)	8i				***************************************		544		
i	Transfers to (from) the plan (see instructions)	8j			1000					
P;	ert IV Plan Characteristics				\$100000000					
9a b	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
	rt V Compliance Questions									
10	During the plan year:			·	Yes	No	A	mount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ction Program)	10a		х	1			
b	Were there any nonexempt transactions with any party-in-interest	0.75		1						
	on line 10a.)			10b		х				
С	on line 10a.)	*************		10b 10c		x x	Account of the control of the contro	(
d	on line 10a.)	fidelity bor	nd, that was caused by fraud	 			AND THE PROPERTY OF THE PROPER			
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor er persons	by an insurance carrier, fits under the plan? (See	10c		х				
d	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all constructions.)	fidelity bor er persons of the bene	by an insurance carrier, fits under the plan? (See	10c		х				
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f g h	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plant bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	fidelity borer persons of the beneating and the	nd, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the Yes," see instructions and com	10c 10d 10e 10f 10g 10h		x x x x x		☐ Yes ※ No		
f g h	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.* Pension Funding Compliance	fidelity bor er persons of the bene n?	by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the	10c 10d 10e 10f 10g 10h 10i		x x x x x		Yes X No		
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f 9 h i Pa 11	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If this is a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	fidelity bor er persons of the bene n?	nd, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the Yes," see instructions and com	10c 10d 10e 10f 10g 10h 10i		x x x x x x 111a				
f 9 h i Pa 11	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Benter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	fidelity borer persons of the beneather sof year experience (See instruments? (If """""""""""""""""""""""""""""""""""	nd, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the Yes," see instructions and com nts of section 412 of the Code (able.) ed in this plan year, see instructions	10c 10d 10e 10f 10g 10h 10i plete	etion 3	X X X X X Interverse of the second of the se	ERISA?	Yes X No		
f g h i 11 11 12 a	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.1011. If Yension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	fidelity borer persons of the beneather sof year experience (See instruction of the beneather soft) for the beneather soft year experience of the beneather soft year experience of the beneather soft years and the beneather soft years are personally soft years.	nd, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR I notice or one of the Yes," see instructions and com nts of section 412 of the Code (able.) ed in this plan year, see instructions (Mor	10c 10d 10e 10f 10g 10h 10i plete	etion 3	X X X X X Interverse of the second of the se	ERISA?	Yes X No		

С	Enter the amount contributed by the employer to the plan for this plan year	12c			
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	·		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [□ No □ N/A	
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	☐ Ye	es X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coff the PBGC?				
С	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.))	· · · · · · · · · · · · · · · · · · ·		
1	13c(1) Name of plan(s): 13c	c(2) EIN(s)		13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a I	Name of trust	14b T	14b Trust's EIN		

Form 5500-SF 2012

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To:1662489258400011

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5500-SF Electronic Filing Authorization

Plan Name:

J. O. Hooker & Sons, Inc. Profit Sharing Plan

EIN/PN:

64-0626800/001

Flan Year:

01/01/2012 - 12/31/2012

I hereby authorize Linda Crawford at Nail McKinney 5 A to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EGAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Lapor's internet site for public disclosure.

Plan Administrator

Cindi Webb

(225,41)

(date)

Flan Sponsor

(sign)

10 /11 2013